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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3850 CERTIFICATE OF DEATH

Reg. Dist. No. 3790

| | COUNTY Was | hington | , F' | MAI | YLAND 2: | O STATES 7 | NCE (Where | _ | ived. If institution b. COUNTY | | | |
|--|---|---|---------------|------------------|----------|------------------|--------------|---------------------|--------------------------------|-------------|------------|------------------------|
| t | CITY OR TOWN (IF RURAL and give ne Sharpshi | | ts, write | c. LENGTH OF STA | | -74 | wn (If outsi | | te limits, write R | URAL ond gi | ve nearest | lown) |
| (| NAME OF HOSPITA | Street | ive street (| | | d. STREET AD | -34 | | | | 0 | RESIDENCE N A FARM? |
| 3 | NAME OF DECEASED Type or print) | Henr | | Midd | le | Lost Adams | 4. | DATE OF DEATH | Marc. | | Doy 7 | Year 19 58 |
| 5. S | ale | 6. color or RACE White | 7. MARR | IED NEVER MARI | | ug. 6 | 1874 | 9. | AGE (In years last birthday) | 7 | YEAR IF U | NDER 24 HRS. |
| _ | USUAL OCCUPATION CONTROL OF WORKS | N (Give kind af working life, even if retired | done 10b. | KIND OF BUSINESS | | Pa. | | | ntry) | 12. CITI2 | USA | HAT COUNTRY |
| 13. 1 | | tin Van E | lirer | Adama | 1 | I. MOTHER'S M | | | Landis | | | |
| 1S. Yes. | WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. | | 15-2-2 | . Paul | | | Addr | rpsbu | ro Me | |
| 18. CAUSE OF DEATH [Enter only one couse per) ine far (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AU PERFORM | | | | | | s plus | | | | | | |
| U | 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY | MEDICAL EXAMINER) | | RIBE HOW INJURY | | of injury (Ho | | | | | | |
| MEDICAL | Hour o.m. | 19 | While of work | Not while | factory, | street, office b | ldg., etc.) | zur. (City of | town | (Co | ounty) | (Stote) |
| | 21. I certify that I attended the deceased from 1957, ta Mark 1, 1957, that I last saw the deceased alive an Month 6, 1884, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive an Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1885, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1895, and that death accurred at 1957, that I last saw the deceased alive and Month 6, 1895, and 18 | | | | | | | | | | | |
| 13 | REMOVAL (Specify) UP 18 1 | March 1 | 0-58 | Green H | | emeter | y | Vayne | sboro | Pa. | | itote) |
| 2 | Mertx | Hof. | Du | Bonsp | out," | 160 | ATE TO BY | REGISTRA | R 24b. REGIS | TRAR'S SIGN | NATURE | |

DECENVED V. V.

VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | CERTIFICATE | OF | DEATH |
|------|-------------|----|-------|
| O AE | CERTIFICATE | VI | DLAII |

Reg. Dist. No. 302

| | PLACE OF DEATH a. COUNTY | ashington | | MARYL | AND | 2. USUA o. ST | ATE Marvl | | d lived. If institut b. COUNTY | | te before o | |
|---------------|---|------------------------------|------------|---------------------------------|-----------------|------------------|--------------------------------------|-----------------|---|-------------|-------------|--------------------------|
| | | autside corporate fimi | ts, write | c. LENGTH OF STAY I | | c. Cl | Y OR TOWN (I | f autside corpo | orate limits, write f | | - | |
| | Hagers | | | 12 year | S | 03 | Hager | stown | | | | |
| | d. NAME OF HOSPIT OR INSTITUTION 1128 Ham: | AL (If not in hospitol, g | ive street | oddress) | | | REET ADDRESS | ilton H | 3lvd. | | | RESIDENCE ON A FARM? |
| | NAME OF DECEASED (Type or print) | Fir | st | Middle | | | Lost | 4. DATE OF | Mar | nih | Day | Year |
| H | SEX | ELMER | 1- | ELIAS | | AKER, | | DEATH | March | | 11 | 1958 |
| 3. | male | white | WIDOW | RIED TNEVER MARRIEI ED DIVORCED | Land | June | 26, 18 | 99 | 9. AGE (In years last birthdoy) 58 yrs. | Months | | UNDER 24 HRS. |
| 100 | USUAL OCCUPATIO | N (Give kind of work | dane 10b. | KIND OF BUSINESS OF | INDUS | | | | | 12. CIT | IZEN OF W | HAT COUNTRY? |
| | Supervisor | ing life, even if retired | | hoe Manufac | ture | e H | agersto | พท | | | U.S. | Α. |
| 13. | FATHER'S NAME | | 1.0 | noe manarao | oux (| - | THER'S MAIDEN | | | | 0 10 2 | £2. 0 |
| L | Olive | Thomas Ba | ker | | | | Sarah | Byrum | | | | |
| | | IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | 17. 1 | NFORMAN | IT | | Add | lress | | |
| 7 | res | W.W. I | | 14-09-0150 | M | rs. I | ena R. | Baker | Hagerst | own, | Maryl | an d |
| | | TH [Enter anly one co | use per li | ne far (a), (b), and (c).] | | | | | | | INTERVA | AL BETWEEN |
| | THE RESERVE OF THE RESERVE OF THE PERSON NAMED IN | TH WAS CAUSED BY: | | Coronary S | Thr | ombo | sis | | | | ONSET | OUTS |
| | 1120.1 | DUE TO | | | | 0200 | 020 | | | | 0 1 | 10413 |
| | Condition if a | | | | | | | | | | | |
| | Canditions, if or gave rise to in | nmediate | | | | | | | | | | |
| | cause (a), stoling (| | | | | | | | | | | |
| 7 | lying cause lost. |) (c | | | | | | | | | | |
| ATIO | PART II. OTH | ER SIGNIFICANT CON | | ONE. | TH BUT | NOT RELA | TED TO THE TER | MINAL DISEAS | E CONDITION GIV | VEN IN PART | P | VAS AUTOPSY ERFORMED? |
| CERTIFICATION | 20a. ACCIDENT WA | S UNDERLYING CAUSE OF DEATH | | CRIBE HOW INJURY OC | CURREC |). (Enter n | ature of injury i | n Port I or Por | t II of item 18.) | | | 3 NO FE |
| | (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJURY Have o.m. | / Manth, Day, Yea | While | Nat while | 20e. PLA fac | ACE OF IN | JURY (Hame, fo), affice bldg., e | erm, 20f. (City | or tawn) | (C | County) | (State) |
| 2 | p. m. | | | k at wark | 7 7 | | FO 36 | | | | | |
| | BAO | at I attended the rch 11. | deceas | ed from Mar . | | 9, 19 | 200, to M | ar. L | 1, 19 5 | 8,that I l | ast saw | the deceased |
| ЭB | alive onWa | 1611 119 | ., 19/ | , and that a | death | accurre | q aff : T | | n the causes o | | ne date s | stated above. |
| M | ACTUAL SIGNATURE | Ma | 10 | eu) | | un 1 | 19 Nor | | tomac S | | 3- | DATE SIGNED |
| | PHYSICIAN'S | D A D | 77 | 74 7 | | W.D | | | | | | |
| | NAME (Type) | R. A. Be | 11, | M. D. | | H | agerst | own, I | Marylan | d. | | |
| 220 | BURIAL, CREMATION REMOVAL (Specify) Burial | 3/13/19F | | Rose Hill | | | | | ION (City, town, | | | (State) |
| 23 | FLINEPAL DIPECTORS | | | ADDRESS | | | | C'D BY REGIST | RAR 24b. REGI | STRAR'S SIG | NATURE | New York |
| | R. Farbli | Ponyer | | Hagersto | wn, | Md. | DATE | MAR 1 | 7 '58 | life | duch | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Tarreson Tarreson Tarreson Inches Tarreson Inc

Market Land Land Control

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838: 71 AAM



ADDRESS

24g. REC'D BY REGISTRAR

DATE MAD 1

24b REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/SS



23. FUNERAL DIRECTOR'S SIGNATURE

SEEL TI RAM



director. Page our files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03793

| 1. PACE OF DEATH COUNTY OF | | 2001 | | | | GENTAL | | 197-1111 | Reg. Dist. | No. |
|--|--|--|--------------|------------------------------|-----------|----------------------------|--------------------|-----------------------|---------------|--|
| WASHINGTON Description Comparison Com | 1. PLACE OF DEATH | 3861 | | | | 2. USUAL RESIDENCE (| Where deceased | lived. If institution | an: Residence | before admission) |
| b. CITY OR TOWN flavolide corporate limits, write RURAL and give negres) town of prevent teams to great the provided corporate limits, write RURAL and give negres) town of prevent teams to great page 1. SPEARS d. NAME OF CHOSPITAL OR INSTITUTION (if not in hospital, give street oddiess) 7.5 SEER ADDERS 7.5 S | 9.9 A | NGTON | | - MARYL | AND | MARYT AND | W | A SHI NOT | ONT | |
| CALIES OF DEATH Enter only one cause per line for (a), (b), and (c). | b. CITY OR TOWN (IF | outside corporate limits, writ | RURAL | c. LENGTH OF STAY IN | 416 | c. CITY OR TOWN (I | f autside corpor | ate limits, write Ri | JRAL and gi | ve nearest town) |
| MAIN STREET MAIN STREET | KEEDY | SVILLE | | | | × KEEDYSV | ILLE | | | |
| MAIN STREET MAIN STREET | d. NAME OF HOSPIT | AL OR INSTITUTION (| If not in ho | spital, give street address) | | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? |
| DECASED POINT WAS DECASED POINT WHITTEN DOES DATE OF BIRTH P. AGE P. | MAIN | STREET | | | | MAIN ST | REET | | | |
| S. SEX MALE WHITE WIDOWED DIVORCED JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months DOYS Hours Min. JANUARY 11 1875 83 "Y". Months JANUARY 12 CHILLEN MAS CAUSED BY. JANUARY BROWNLEY MARY BROWNLEY MARY BROWNLEY Address MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. JANUARY BROWNLEY MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. DOES ATTERIOR MIN. JANUARY BROWNLEY Address MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. DOES ATTERIOR MIN. DOES ATTERIOR MIN. JANUARY BROWNLEY Address MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. DOES ATTERIOR MIN. DOES ATTERIOR MIN. DOES ATTERIOR MIN. JANUARY BROWNLEY Address MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. DOES ATTERIOR MIN. DOES ATTERIOR MIN. JANUARY BROWNLEY Address MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. JANUARY BROWNLEY Address MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. DOES ATTERIOR MIN. D | DECEASED | Fir | st | Middle | | Lost | | Month | 1 | Doy Year |
| MALE WHITE WIDOWED DIVORCED JANUARY 11 1875 83 yrs. Months Doys Hours Min. 100. USAL OCCUPATION Give sing of work done divorting the work done during main of working life, work done during main or with refresh of working life, work done during main or with refresh and the main or with refresh and refresh and the main or with refresh and the main or wi | | 1 | 1- | | | BENDER | T. P. | RCH 21 | | |
| MALE WHITE Obc. USDA. OCCUPATION [Give shirt of sheet done) Obc. USDA. OCCUPATION [Give shirt of sheet done) Obc. WIGHT OCCUPATION [Give shirt of sheet done) Obc. WIGHT OCCUPATION [Give shirt of sheet done) CARPET WEAVER RETIRED RETIRED BOONSBORO WASH. CO. MD. 14. MOTHER'S MAIDEN NAME MARY BROWNLEY 15. WAS DECEASED EVER IN U. S. ARED 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. ABRAHAM SNIVELEY KEEDYSVILLE MD. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), ond (c).] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) FART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 179. WAS AUTOPSY PERFORMED. TO BE CAUSE OF DEATH (SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 179. WAS AUTOPSY PERFORMED. WITH MY OCCUPRED. (Enter noture of injury in Part I or Part II of Hem 18.) TO DO BE SCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Part I or Part II of Hem 18.) TO DO BE SCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Part I or Part II of Hem 18.) 20. EXTERNAL CAUSE WAS PROBLEY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 179. WAS AUTOPSY PERFORMED. VEST ON THE OF INJURY MONTH, ON THE INJURY OCCUPRED. (Enter noture of injury in Part I or Part II of Hem 18.) TO DE CAUSE OF DEATH (STORE DEATH NOTOR) 20. EXTERNAL CAUSE WAS PROBLEY WITH OUT OF PART II of Hem 18.) TO DE CONTRIBUTING ON THE OWN THE OW | 5. SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED | 8.0 | ATE OF BIRTH | 9. | Lond highland | | The second secon |
| DESCRIPTION OF THE PROTECTION | The same of the sa | and the state of t | 1 | | - 1 | ANUARY 11 | 1875 | 83 yrs. | Aonths Day | ys Hours Min. |
| 13. FATHER'S NAME | 10a. USUAL OCCUPATION during most of working | ON (Give kind of work of life, even if refired) | done 10b. | KIND OF BUSINESS OR IN | IDUSTRY | 11. BIRTHPLACE (State | or foreign coun | itry) | 12. CITIZEN | OF WHAT COUNTRY |
| MICHAEL BENDER 15. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. A BRAHAM SNIVELEY KEEDYSVILLE MD. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gover rise to immediate couse [c], stoling the underlying cover lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18.) ACTUAL SIGNARY DEATH WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18.) NONE 20c. TIME OF INJURY Month. Dory Year Month. Dory Year Of word in work of one will be of work of the medical examiner DATE SIGNED ACTUAL S. Part of the properties of the pro | CARPET V | WEAVER | | RETIRED | | BOONSBOR | O WASH | .CO.MD. | U.S | 3.A. |
| 15. WAS DECEASED EVER.IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO (17.7%, give work of dobs of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADdress NO (17.7%, give work of dobs of service) 16. SOCIAL SECURITY NO. 17. INFORMANT NO NO NO NO NO NO NO | 13. FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN | NAME | | | |
| NO (If yes, gives word endows of service) MRS.ABRAHAM SNIVELEY KEEDYSVILLE MD. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), ond (c).] 19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).] 19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).] 19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).] 19. CAUSE OF DEATH (Enter only one couse per line for (e), (b), ond (c).] 19. CAUSE OF DEATH (Enter only one couse loss) Arteriosclerotic myocardial heart disease 19. CAUSE OF DEATH (In one) One 19. CAUSE OF DEATH (In one) One 19. CAUSE OF DEATH (In one) One 19. CAUSE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMEDY YES NO E 19. CAUSE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMEDY YES NO E 19. CAUSE OF DEATH (In other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMEDY YES NO E 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Hem 18.) 200. EXTERNAL CAUSE WAS 200. DISEASE (In other noture of injury in Port 1 or Port 11 of Hem 18.) 200. EXTERNAL CAUSE WAS 200. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Hem 18.) 200. EXTERNAL CAUSE WAS 200. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Hem 18.) 200. EXTERNAL CAUSE WAS 200. INJURY (Industry Industry Ind | MIC | HAEL BEND | ER | | | MARY | BROWN | LEY | | |
| NO NRS.ABRAHAM SNIVELEY KEEDYSVILLE MD. Name | | | | SOCIAL SECURITY NO. | 17. INF | DRMANT | | Address | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ### Cause (e) ### Cause (e) ### Cause (e) ### Due to Conditions. if any, which gove rise to immediate couse (e), stating the underlying couse lost. ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(e) ### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(e) ### PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(e) ### PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(e) ### PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(e) ### PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(e) ### PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(e) ### PART III. OTHER SIGNIFICANT CONTRIBUT | NO | | | | MR | S.ABRAHAM | SNIVE | LEY KEE | DYSVI | ILLE MD. |
| PART II. DATE OF INJURY Month, Doy, Year None 19 D. DESCRIBE HOW INJURY OCCURRED While of work of one of the office bidg., etc.) 20. EXTERNAL CAUSE WAS P. M. D. CHIEF MEDICAL EXAMINER 1. Opinion death resulted from: Natural causes 3. Accident . Suicide . Hamicide . Hamicide . M.D. CHIEF MEDICAL EXAMINER . Service . M.D. CHIEF MEDICAL EXAMINER . Service . MARK (179e) . MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH. CO. MD. ATTERIORCHE MY OCCURRED IN WORLD IN MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH. CO. MD. With myocardial heart disease With myocardial failure grade iv With myocardial failure grade iv With myocardial heart disease With myocardial heart disease With myocardial heart disease With myocardial heart disease With myocardial failure grade iv With myocardial failure grade iv With myocardial heart disease With myocardial failure grade iv Wash of the failure grade iv Well Failure grade iv Performers in the failure grade iv Perform | 18. CAUSE OF DEAT | TH [Enter only one cau | se per line | for (a), (b), and (c). | | | | | ! | INTERVAL BETWEEN |
| DUE TO With myocardial failure grade iv | PART I. DEAT | H WAS CAUSED BY: | | Antoniono | 1 | *** | in 1 has | 44 | | UNSET AND DEATH |
| Conditions, if any, which gover rise to immediate couse (a), stading the underlying (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOME NOME 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E REMINARY OF CONTRIBUTING DEATH NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E NOME 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE 10. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE 10. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE 10. THE TERMINAL DISEASE COND | 11991 | | - | | | | | | 86 | |
| gove rise to immediate couse (e), staling the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? None 200. EXTERNAL CAUSE WAS PERFORMED? NONE 200. EXTERNAL CAUSE WAS PERFORMED? CAUSE OF DEATH. None 200. TIME OF INJURY Month, Doy, Year Hour a. m. none 19 at work of work of work in work of work in the part II of Item 18.) 21. I certify that I took charge at the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE EXAMINER'S S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . 3-22-58 DEPUTY MEDICAL EXAMINER . 2720. BURIAL, CREMATION, 272b. DATE THEREOF . 272c. NAME OF CEMETERY OR CREMATORY . BOONSBORO WASH. CO. MD. | | an which i | | WI | cn m | yocardial i | allure | grade iv | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOME 200. EXTERNAL CAUSE WAS PERFORMED? YES NOME 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. None 200. TIME OF INJURY Month, Doy, Yeor Hour of Injury in Port I or Part II of Item 18.) TO NOME 200. TIME OF INJURY Month, Doy, Yeor Hour of Injury Month, Doy, Yeor Hour of Injury in Port I or Part II of Item 18.) 201. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Industry Inquiry | | diote couse | | | | | | | | |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NOTE 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. None 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of Idem 18.) CAUSE OF DEATH. None 200. INJURY Month, Doy, Yeor None 19 While of work of wor | | underlying DUE TO | | | | | | | | |
| None 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) | Andrews | | - | | | | | | | |
| 20c. TIME OF INJURY Hour o. m. P. m. None 19 20d. INJURY OCCURRED While of work of work forctory, street, office bidg., etc.) None 21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection Impurity , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) S. Robert Wells, M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 3-22-58 DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF | PART II, OTH | IER SIGNIFICANT CON | DITIONS C | ONTRIBUTING TO DEATH | BUT NO | T RELATED TO THE TERM | IINAL DISEASE C | ONDITION GIVEN | I IN PART 1(| PERFORMED? |
| 20c. TIME OF INJURY Hour o. m. P. m. None 19 20d. INJURY OCCURRED While of work of wor | 5 | | | | | | | | | YES NO IN |
| 20c. TIME OF INJURY Hour o. m. None 19 20d. INJURY OCCURRED While Not while of work None 21. I certify that I took charge af the remains described abave, held an Autapsy opinion death resulted from: Natural causes Accident Signature S. Robert Wells, M.D. Assistant medical examiner NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BURTAL MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH.CO.MD. | PRIMARY OF CONCAUSE OF DEATH. | ITDIDITIALC [] | ib. DESCRIE | | ED. (Ente | er noture of injury in Por | rt I or Part II of | ilem 18.} | | |
| 21. I certify that I took charge of the remains described above, held an Autapsy, Inspection | 3 20c. TIME OF INJUI | | or 20d. | | PLACE | OF INJURY (Home, form | n, i 20f. (City or | town) | (County |) (Stote) |
| opinion death resulted from: Natural causes 3. Accident . Suicide . Hamicide . Undetermined manner . ACTUAL S. Poleet hells . M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED EXAMINER'S NAME (Type) S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER . 3-22-58 DEPUTY MEDICAL EXAMINER . 3-22-58 DEPUTY MEDICAL EXAMINER . 3-22-58 DEPUTY MEDICAL EXAMINER . Suicide . NAME OF CEMETERY OF CREMATORY . DEPUTY MEDICAL EXAMINER . Suicide . NAME | Haur o.m. | none 19 | | e Nat while ork of work | factory | | -) | - | | - |
| opinion death resulted from: Natural causes A. Accident . Suicide . Hamicide . Undetermined manner . ACTUAL S. Poleet Mells . M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED EXAMINER'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER | 21. I certify th | at I took charge | of the | remains described | abave | , held an Autaps | y , Insp | ection 3 | Inquiry | , and in my |
| ACTUAL SIGNATURE | opinion death | resulted from: | Vatural | causes 🛪 Accide | ent 🖂 | Suicide [7]. | | | nined ma | tuned . |
| S. Robert Wells, M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH.CO.MD. | (| | . 7 | | | | | | | |
| EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH.CO.MD. | ACTUAL | · Tolee | Th | rells | , | M.D. CHIEF MEDICAL E | XAMINER [| | | DATE SIGNED |
| BURIAL MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH.CO.MD. | | s. | Rober | t Wells, M.I | | | - | | 3 | -22-58 |
| BURIAL MARCH 24 1958 BOONSBORO CEMETERY BOONSBORO WASH.CO.MD. | | |)F | 22c. NAME OF CEMETER | Y OR CE | EMATORY | 22d. LOCATIO | N (City, lown, ar | county) | (Stote) |
| 23/EUNERAL DIRECTOR'S SIGNATURE : ADDRESS A 246, REC'D BY REGISTRAR 246, REC'D BY REC'D BY REGISTRAR 246, REC'D BY REGISTRAR 2 | | | 4 10 | | RO | CEMETERY | BOONS | BORO WA | SH.CC | O.MD. |
| | 23 JUNERAL DIRECTOR | S SIGNATURE | | ADDRESS | | 100 1 240. REC" | D BY REGISTRAL | 24b. REGISTR | AR'S SIGNA | TURE |
| (Cast filled Carry (C) MTISTYOID MIC DATE MAR 2 6 '58 (RES) | (1) as 711 | well War | U (| IN MOUSE | CID | DATE & | MAR 2 6 '58 | 3 (813) | Lebis | 1 |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is revecute the cartificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be a preded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DAY CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. V\$. A15ME 5M 2/57

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SECEINE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 794

| 1. PLACE OF DEATH o. COUNTY | WASBINGTO | N | MAR | YLAND | o STATE | DENCE (WH MARY) | | l lived. If instituti b. COUNTY | *** | | e odmiss NGT(| |
|--|--|---------------------|---|--------------------|--|-----------------------------|--------------------------|---|--------------------|----------------|-----------------------------------|---------------------------|
| b. CITY OR TOWN (I RURAL and give in HAGER | | its, write | c. LENGTH OF STAY | 1 | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERSTOWN | | | | | | | |
| d. NAME OF HOSPIT OR INSTITUTION ILD | AL (If not in hospital, of POTOMAC | | oddress) | | d. STREET A | | POTO | MAC ST. | | • | | FARM? |
| 3. NAME OF DECEASED (Type or print) | JOHN | rst | WALTER | | Los BENEDI | - | 4. DATE OF DEATH | Mar | | Doy 25 | | Yeor 1958 |
| 5. SEX Male | 6. COLOR OR RACE | 7. MARE | ED DIVORCE | | DATE OF BIRT | /01 | | 9. AGE (In years lost birthday) 56 yrs. | IF UNDER Manths | 1 YEAR Days | Hours | R 24 HRS. Min. |
| 10a. USUAL OCCUPATION during most of work Fur Dept 13. FATHER'S NAME | king life, even it refired |) _ | kind of Business (| | | NNSY | LVANI | | 12. CIT | | S. | A. |
| 15. WAS DECEASED EVE | TEL BENED R IN U. S. ARMED FOR (If yes, give wor or doles of s | CES? 16. | SOCIAL SECURITY NO | 0. 17. INF | ORMANT | rah (| SOLLE | NBERGEF | | STO | WN | MD. |
| | mmediate Dur To | Ar | Coronary Acute ve | rotic thro | mbosis | | 100 | 3 e 8. se | | ONS | RVAL BE ET AND 4 yr 9 mo | DEATH |
| 3 260× | Diabete SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 8 M - | ONTRIBUTING TO DE - 19 MOS . CRIBE HOW INJURY COME | | | | | | /EN IN PART | | PERFO | AUTOPSY DRMED? NO K |
| | Y Manth, Day, Ye | ar 20d. II While | | 20e. PLAC focto | E OF INJURY (ery, street, affice | Home, farm e bldg., etc. | 20f. (City | or town) | (C | aunty) | | (State) |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | S. Robert | 125 47 Well | Well | t death o | o. 115 | 12:20 5 N. F | M, fram ADDRESS (SIII | | and an th | ne date | e state | ed abave |
| 220. BURIAL, CREMATIO REMOVAL (Specify) Burial | 3/27/58 | | | | CREMATORY Cemete: | ry | | ion (city, town, ogerstow | m | | (Stote | e) |
| 23. FUNERAL DIRECTOR | s signature | Has | ADDRESS VETSLEY | | and. | 24o, REC'I | MAR 2 8 | | STRAR'S SIG | SULLE | L | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 e funeral director, auld be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIPECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

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VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

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| | 8.18 | OEK III I | 37.11 | | | | | Reg. Dis | t. No. | 2 8 67 | |
|---|-----------------|---|-----------|-----------------------------------|---------------|------------------------|---|---|-----------|----------|----------------------|
| 1. PLACE OF DEATH o. COUNTY Washington | | MARYLAN | 11 6 | STATE | Md. | re deceased | lived. If instituti b. COUNTY | | | odmissi | an) |
| b. CITY OR TOWN (If autside carporate li RURAL and give nearest town) Hagerstown | mits, write | c. LENGTH OF STAY IN 1 2 yrs | | | | | ote limits, write R | URAL ond g | ive neare | est fawn |) |
| d. NAME OF HOSPITAL (IF not in hospital OR INSTITUTION Garlock Nursing | give street of | address) | 1 | d. STREET AD | DRESS | town | | | | | DENCE FARM2 NO |
| 3. NAME OF DECEASED | First onas | Middle Edward | | lost Betts | | 4. DATE OF DEATH | Mor 3 | ith | Doy 2 | Y | 758 |
| 5. SEX 6. COLOR OR RAC white | 1 | D DIVORCED | | ept. 6, | 189 | _ | 9. AGE (In years last birthday) 63 62yrs. | IF UNDER | | | |
| 10o. USUAL OCCUPATION (Give kind of wor during most of working life, even if retired | 12 | kind of Business or IN oultry Busin | DUSTRY | 11. BIRTHPLA | | | untry) | | ZEN OF | | COUNTRY |
| 13. FATHER'S NAME | | · | 14 | MOTHER'S M | AAIDEN N | AME | | | | | |
| Jacob Betts | | | | A | mand | a Haue | er | | | 2 | |
| 15. WAS DECEASEDEVER IN U. S. ARMED FO | A coming) | | Mrs. | MANT Nelli | e Bet | ts | Hagerst | | ld. | | |
| 18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE | | e for (o), (b), and (c).] Cerebral | Tr | rombos | ie | | | | | VAL BET | |
| Canditions, if any, which gave rise to immediate couse (o), stoting the under- | (b) | Chronic G1 | | | | itie | | | | 4 3 | re |
| lying couse last. | (c) | | 3 | | | | | | | | |
| PART II. OTHER SIGNIFICANT CO | NDITIONS C | ONTRIBUTING TO DEATH | BUT NOT | RELATED TO T | HE TERMIN | NAL DISEASE | CONDITION GIV | EN IN PART | | PERFO | NO T |
| | 20b. DESC 10 | CRIBE HOW INJURY OCCU | RRED. (En | ter nature of i | injury in P | ort I ar Part | II of item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Hour o.m. p. m. none 15 | While | Nat while | | OF INJURY (He street, office I | | | or town) | (C | ounty) | - | (State) |
| 21. I certify that I attended the alive on Feb. 1 ACTUAL SIGNATURE S. Poles PHYSICIAN'S S. Roll | 19 | ed from Marc 58, and that dec wello | | 115 | 7/32 N. P. | otomac | et, city or town. Street | ond on th | | state | |
| 220. BURIAL, CREMATION, 22b. DATE THER | | 22c. NAME OF CEMETER | | | | 22d. LOCAT | ryland | or county) | | (State | |
| | | Rose Hil | 1 | | | | rstown | 1 | | | Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | | | | BY REGISTI | RAR 245 REGI | STRAR'S SIG | NATURE | | |
| Fred W. Kraiss Ha | gerste | own, Md. | | 1 | DATE MAI | 40 3 | U.V. | ,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the haspitol or offending physicion. moy be retoined TO FUNERAL D

D FUNERAL IN CLOR: After this certificate has been signed by the ottending physician and completely filled in b page 3 should be detached for use as the buriol-transit permit. Then please sangue carbon papers. Pages 1 and the registrar prior to buriol, cremation, or removal, and in any event within 72 hour, after death.

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CERTIFICATE OF DEATH

03797

Reg. Dist. No.

| | o. COUNTY Washington MARYLAND | o. STATE Maryland b. COUNTY Washington |
|-----------|--|--|
| | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagers town Ind. | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport Md. RFD |
| , | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital | d. STREET ADDRESS Residence on a farm? YES X NO |
| | 3 NAME OF DECEASED (Type or print) Harvey B | Brewer 4. DATE Month Doy Yeor OF DEATH March 6 1958 |
| | 5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED | B. DATE OF BIRTH April 5 1875 9. AGE (In yeors lif UNDER 1 YEAR IF UNDER 24 HRS. Mapths Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIES OF INDUSTRIAL PROPERTY OF BUSINESS OF I | TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY: Up ton Pa. USA |
| | Daniel Brewer | 14. MOTHER'S MAIDEN NAME Susan Brubaker |
| | IVES DO OF Unknown) I life was now work of dates of services 100 - 100 | Omer T. Kaylor Hagerstown Nd. |
| | 18. CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating like under-lying couse lost. | Lac De com pensation 1-272 |
| 0 | 3 Benign Prostatie | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DEMONSTRUCTURE OF INJURY IN PORT I OF PORT II OF I I OF |
| | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA | CCE OF INJURY IHome, form, 20f. (City or town) (County) (State) |
| TO A SALE | ACTUAL PO OLI DISH. | accurred at 6 45 M, from the causes and on the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED A.D. 217 W. Washing for Street 3/7/56 |
| | PHYSICIAN'S Edward W. DiHO III, MI | Hagerstown, MV |
| | 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL March 9-58 Broadfordin | (51616) |
| 1 | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Willion | 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 25b. REGISTRAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S |

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Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying souse lost.

21. I certify that I attended the deceosed from

and that death occurred ot.

CAUS Sathot I last sow the deceased M, from the couses and on the date stated above.

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF

ACTUAL

REMOVAL (Specify) Buria]

22c. NAME OF CEMETERY OR CREMATORY Bethe

Lantz

22d. LOCATION (City, town, or county)

(Stote) Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

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5. SEX

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Male

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| the state of the s | shington | | MARYLAND | 2. USUAL RESIDEN o. STATE Ma | ICE (Wher | | lived. If institution b. COUNTY | | ce before o | |
| b. CITY OR TOWN (RURAL ond give n Hagerston | | its, write | D.O.A. | c. CITY OR TOV | | | ote limits, write R | URAL ond g | give nearest | town) |
| d. NAME OF HOSPI OR INSTITUTION | TAL (If not in hospitol, or County | | oddress) | d. STREET ADD | RESS | | У | | | S RESIDENCE ON A FARM? ES NO RO |
| 3. NAME OF DECEASED (Type or print) | Fin CLAYTON | | Middle EDW TN | Lost BRUNNER | | 4. DATE OF DEATH | Mon March | th | Doy 19 | Year 19 5 8 |
| 5. SEX Male | 6. COLOR OR RACE | 7. MARR | D DIVORCED | 8. DATE OF BIRTH December | 16. | 1892 | 9. AGE (In years last bighday) 05 yrs. | Months 3 | 1 YEAR IF | UNDER 24 HRS. ours Min. |
| | | done 10b. Sa Ma | kind of Business or in and Blasting in unufacture | DUSTRY 11. BIRTHPLACE Eq. Beth 14. MOTHER'S MA | enem | foreign co | untry) | | U.S.A | VHAT COUNTRY |
| Twen | Brunner | CEE2 14 | SOCIAL SECURITY NO. 117 | INFORMANT | | Clar | a Hartze | | | |
| (Yes, no, or unknown) | If yes, give war or dates of s | ervice) | 0 07 (000 | Mrs. Agnes | Brun | ner | Hagersto | | arvla | nd |
| Conditions, if a gove rise to cause (o), stoling lying cause last. | the under- |) (a) | Cute Con Hypertension Essential Hy ONTRIBUTING TO DEATH B | portousión | o lov | estis | Hoset De | | T 1(a) 19. 1 | |
| | AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) | | CRIBE HOW INJURY OCCUR | | | , | | | | |
| 20c. TIME OF INJUI Hour o. m. p. m. | RY Manth, Day, Ye | While of world | Not while | PLACE OF INJURY (Hon factory, street, office bl- | | 20f. (City | or town) | (0 | County) | (State) |
| actual SIGNATURE | nat I attended the | 195 | and that dec | ith occurred at \$200 N | At | M, fram | the causes of the cause of | ind an th | he date | stated abave |
| 220. BURIAL, CREMATIC REMOVAL (Specify Burial 23. EUNERAL DIRECTOR | 3/22/195 | 8 | | n Cemetery | | | | Maryl | | (State) |
| 23. FUNERAL DIRECTOR Suter-Rous | zer Funeral | . Home | Hagerstown, | | 斯服2 | | Oee 1 | | 1 | |

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Reg. Dist. No.

03800

| | | | | | | | | Kad. Di | 31. 140. | | |
|---|---|-----------------|--|---------|--|------------------------|---------------------------------|--------------|-----------------|-----------|-------------------|
| 1. PLACE OF DEATH o. COUNTY | Washington | 1 | MARYLAND | | USUAL RESIDENCE (V | | d lived. If institu b. COUNT | | hing | | ion) |
| RURAL ond give | (If outside corporate limit | | c. LENGTH OF STAY IN 16 | - | e. CITY OR TOWN (IF | | prote limits, write | RURAL and | give near | rest town |) |
| d. NAME OF HOSP | ITAL (If not in hospital, g | | The state of the s | | d. STREET ADDRESS | . Frank | klin | | · | | PARMA |
| 3. NAME OF DECEASED (Type or print) | First Dor | | Middle | Ву | Lost | 4. DATE OF DEATH | | onth 3 | Day 6 | | Yeor 19 58 |
| female | white | WIDOWE | | Au | TE OF BIRTH 188' | | 9, AGE (In year lost buthday) | Months 3. | Doys | Hours | R 24 HRS. Min. |
| 10a. USUAL OCCUPAT during most of wo house | rking life, even if retired) | one 10b. | KIND OF BUSINESS OR IND | USTRY | Wash. Co | | | | S.A | | COUNTRY |
| 13. FATHER'S NAME | Daniel Gar | lock | | 14 | Luna | a Roger | rs | | | | |
| 15. WAS DECEASED EV (Yes, no, or unknown) | ER IN U. S. ARMED FOR | evicel | | INFO | er Byrum | Hager | stown, M | d. | | | |
| Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O | immediate DUE TO | <u>_</u> | Cownage The State B | LON TU | College Into Ja RELATED TO THE TER | Hear MINAL DISEAS | L dres | GIVEN IN PAR | it 1(0) | PERFO | AUTOPSY DRMED? |
| OR CONTRIBUTION | VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCUR | RED. (E | nter noture of injury i | in Port I or Po | rt II of item 18.) | | | | |
| 20c. TIME OF INJU Hour o. m p. m | 10 | While of wor | Not while | | OF INJURY (Home, fo street, office bldg., e | etc.) | | | (County) | | (Stote) |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo) | that I attended the | Ord Ord | , and that dea | _ M.D. | Al9 | ADDRESS (S | or or | and an I | | le state | ed above |
| 220. BURIAL, CREMAT REMOVAL (Specif 3-9-58 | burial | 6 | Rose Hill | OR CR | | На | gerstown | 1 | 011.5 | (Stote | Md. |
| 23. FUNERAL DIRECTO | | erst | ADDRESS Own Md. | | | MAR 1 | | GISTRAK'S SI | GNATUR Litte | 4 | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shabitation of estached far use as the burial-transit permit. Then please remave carbon-papers. Pages 1 and should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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PLACE CHT LITE. 4 William of the letter. . The Manual and the same of t The state of the s · State of the sta . (LEO, 1720), 17 10 10 17 HOTELS 12 ESEL OI AAM

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIPC OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should by detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sthe registrar prior to burial, cremation, or remaval, and in any event within 72 have deep death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3813

CERTIFICATE OF DEATH

03801

| 1 | | | Keg. L | IST. NO. O O D |
|--|---------------------------|---|---|--|
| 1. PLACE OF DEATH PLACOUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Whose state laryland | ere deceased lived. If institution: Reside | ence before admission) |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagarstown 4 | OF STAY IN 16 | *** | utside corporate limits, write RURAL and | give nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | / d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| Wash. County Hospital | | near St Jai | | YELD NO [|
| 3. NAME OF DECEASED (Type or print) BENJAMIN Frankl | Middle in Can | field Sr. | 4. DATE Month OF DEATH Larch | 22 Yeor 19 58 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVE White WIDOWED | DIVORCED B | June 31,19 | lost birthdov) Months | R 1 YEAR IF UNDER 24 HRS. Doys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUILDING most of working life, even if relired) Machinist — D?A. Stick | | TRY 11. BIRTHPLACE (Stole | or foreign country) W. Va. 12. Co | ITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | |
| Dennis Canfield | | Ida M | lay Bunner | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECULIFY. NO. 16 year give wor or dates of service 232-10 | | formant Mrs. Mary E | . Canfield-Fair | play R#1 |
| couse (o), staling the <u>under-lying couse lost.</u> (c) | cerebra | ardi ovascul | ar disease | interval Between onset and death 64 hrs. 4 years (certain |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING None 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) | | | | RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X |
| | NJURY OCCURRED. | (Enter nature of injury in P | art 1 or Port It of item 18.) | |
| ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUP While Not whi of work of or work | ile focto | CE OF INJURY (Home, form, pry, street, office bldg., etc.) | | (State) |
| 21. I certify that I attended the deceased fram March 22, 19, 58, an ACTUAL SIGNATURE | nd that death o | occurred at 8:00A | rch 22, 1958, that I M.M. from the causes and on the causes and on the causes (Street, city or town, state) | he date stated above DATE SIGNE |
| PHYSICIAN'S William T. Layman, I | | Hagerstow | | Maryla |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 3-25-58 22c. NAME Res | of CEMETERY OR t Haven | CREMATORY | 22d. LOCATION (City, town, or county) | (Stote) |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES | | | BY REGISTRAR 24b. REGISTRAR'S SI | RTY SIND |
| Andrew K. Coffman-Hagerato | wn Mar | | 1 | |

e phone to the Department of the State of th

EGET 78 AAM



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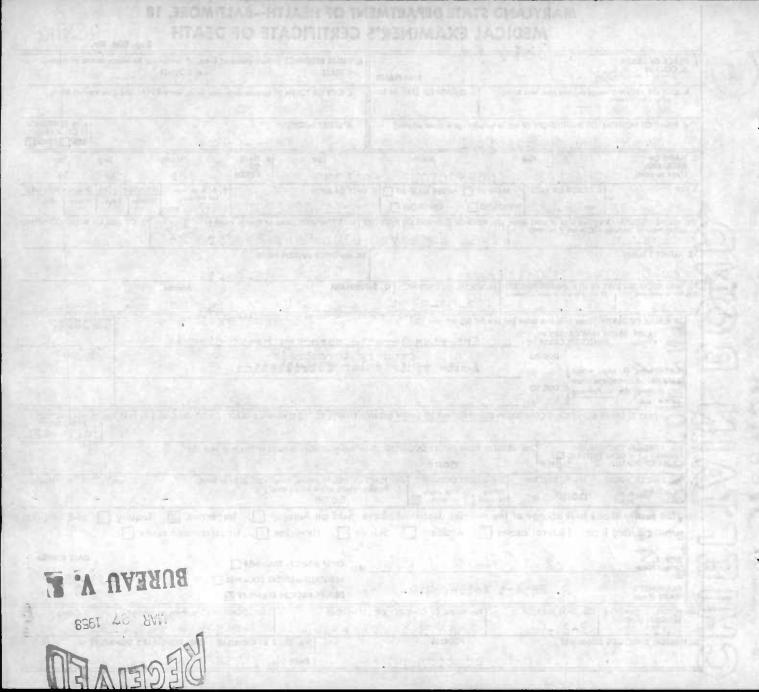
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| Reg. | Dist. | No. | 3 | 8 | () | 2 |
|------|-------|-----|---|---|----|---|
|------|-------|-----|---|---|----|---|

| 1. | PLACE OF DEATH a COUNTY a Shing to | on Je | 14 | MARYLAN | | esidence (w | | ed lived. If Institu | | | ore admission) |
|---------------|--|--|-------------|-----------------------------|--|-----------------------|------------------------|--|--------------|-----------|------------------------------------|
| | b. CITY OR TOWN (If end give necreel town) Hagers | outside corporate limits, writ | RURAL | c. LENGTH OF STAY IN 1 | | R TOWN (IF | | orote limits, write | RURAL ond | give n | eorest town) |
| | | AL OR INSTITUTION (| | oital, give street oddress) | | ADDRESS 79 Ke | y cir | cole | | | IS RESIDENCE ON A FARM? YES NOW |
| 3. | NAME OF DECEASED (Type or print) | Fir CHARLES | | Middle ONFUCTOUS | COLLINS | ist | 4. DATE OF DEATH | Mont | 00 | Doy 958 | Year |
| 5. | Male | The second secon | | NEVER MARRIED | | TH - | 900 | 9. AGE (In years lost birthday) 57 ym. | IF UNDER 1 | - | IF UNDER 24 HRS. Hours Min. |
| 1 | . USUAL OCCUPATIO | | - | IND OF BUSINESS OR INDI | USTRY 11. BIRTHE | | or foreign co | ountry) Pa | | EN OF | WHAT COUNTRY |
| 13 | FATHER'S NAME | | | | 14. MOTHER | S MAIDEN N | IAME | | | | |
| | Rev Char | les C. Co | llina | | Gra | ace G | earha | rt | | | |
| | | R IN U. S. ARMED FO (If yes, give wor or dotes of | service) | | . INFORMANT | | | Address | | Ci | role |
| | PART I. DEAT | TH [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o) | | | | Hage | rston | m Md. | | INTER | VAL BETWEEN T AND DEATH |
| | Conditions, if or gave rise to immed (o), stoting the ucouse lost. | DUE TO ny, which (b) | | | arv thro | mbosis | | | | 2 | 9 mos |
| CERTIFICATION | | | | NTRIBUTING TO DEATH BU | | | | | EN IN PART | | P. WAS AUTOPSY PERFORMED? (ES NO 1 |
| | 20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. | ITRIBUTING I | b. DESCRIBE | none | . (Enter noture of | injury in Part | 1 or Port II | of ilem 18.) | | | |
| MEDICAL | 20c. TIME OF INJUR Hour o.m. p. m. | Month, Day, Yeo | White | Not while to work X | tACE OF INJURY octory, street, office none | ce bldg., etc.) | 20f. (City | or town) | (Cour | nty) — | (Store) |
| | | from: Natural | causes 🔀 | | | n Autapsy Homicide | - | spection X, | | | and find that |
| | ACTUAL SIGNATURE | Pole | Tu | Tells | M.D. | MEDICAL EX | _ | | 0.0 | | DATE SIGNED |
| | EXAMINER'S NAME (Type) | S. Rol | pert W | ells, M.D. | | ANT MEDICAL E | | _ | | -2. | 1-58 |
| | Burial | 3-24-58 |)F | Rose Hill | OR CREMATORY Came te | | Heger | rion (City, town, | esh. | Cc | |
| 23. | Andrew K | . Coffmai | ı Hage | adoress erstown Nd. | 7 | DATE M | AR 2 7 " | | STRAR'S SIGI | - 1 | E |

VS. A15ME(5) 5M 9/55

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CEXTRIQUED STADISTANCE

FOR STATE HEALTH DEPT

instructor. Page our files. á TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is revecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be added to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL ILLUCIOR: Page 3 should be used as a burial-transit permit. File pages—1-and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event/within 72 hours after death. I

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03804

Reg. Dist. No

| 1 | o. COUNTY Washington MARYLAND b. CITY OR TOWN (If putside corporate limits, write RUPAL c. LENGTH OF STAY IN 1b. | o. STATE Maryland b. COUNTY Washington |
|-----|--|--|
| - | b. CITY OR TOWN (If outside corporate limits, write PURAL C. LENGTH OF STAY IN 16 | Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) |
| | and give nearest town) | Standard Control of the Control of t |
| - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) | Ad STREET ADDRESS (e. IS RESIDENCE |
| 7 | | ON A FARM? |
| - | City Jail | 47 W. Charles Street YES NO R |
| 1 | NAME OF DECEASED (Type or print) Newell Lawrence | Cook Month Doy Yeor OF DEATH Mar 6 19 58 |
| 1 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | |
| | Male Colored WIDOWED DIVORCED | March 12 1916 41 yrs. Months Doys Hours Min. |
| 1 | Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST | |
| | Janitor W.M. Railroad | Sharpsburg, M4 USA. |
| + | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 1 | Marry Cook | Dera King |
| - | | NFORMANT Address |
| | (If yes, give war as dates of service) | |
| - | the state of the s | s. Edith Cook 47 Charles Street. |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 974 X DUE TO Conditions, if only, which) Conditions | ONSET AND DEATH |
| | gove rise to immediate cause (a), stating the underlying cause last. (c) | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO NONE | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? |
| - 1 | 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (E Hanged sel | Enter noture of injury in Part I or Part II of item 18.) f in cell at City jail |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA. Factor About Mar. 6 19 58 of work of work of work | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) City Jail Capture (County) (Stote) Hagerstown Wash Md |
| | 21. I certify that I taak charge of the remains described abo | ve, held an Autopsy X, Inspection X, Inquiry , and in my |
| | opinian death resulted fram: Natural causes . Accident | , Suicide X, Hamicide , Undetermined manner |
| | SIGNATURES, Rollest Welly | _M.D. CHIEF MEDICAL EXAMINER |
| | EXAMINER'S S. Robert Wells, M.D. | ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER |
| 3 | 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) | CREMATORY 22d. LOCATION (City, town, or county) (Stole) |
| | TO TO TO THE PARTY OF THE PARTY | metery Magerstewn Maryland. |
| | 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Hayerstown | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE / MAR 1 1 58 |

MEDICAL EXAMINETS CERTIFICATE OF DEATH

MEDICAL EXAMINETS CERTIFICATE OF DEATH

EXAMINETS CERTIFICATE OF DEATH

8391 II AAM

BUREAU V. S.

DECENTED

214-08-9828

John K Witner of Mayer Lower Trid

ofter death; Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

by the haspital or attending physician.

(OR: After this certificate has been signed by the attending physician and campletely filled detached for use as the burial-transit permit. Then please remove carbon papers. Pages I addition, ar remayal, and in any event within 72 hours after death.

TO FUNERAL District the registrar prior re

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3817

03805

| | | | | | | | | WAR. DI | ar. 110. | |
|--|--|----------------------------|------------------------------------|-------------|--|----------------|--------------------|---------------|------------|---|
| 1. PLACE OF DEATH o. COUNTY Washi | ngton | | MARY | LAND | 2. USUAL RESIDENCE (V o. STATE | 200 | b. COUN | TY YJ | | admission) |
| b. CITY OR TOWN | (If autside corporate lim | its. write | c. LENGTH OF STAY | IN 16 | c. CITY OR TOWN (III | | | hingt | | nal Annual |
| RURAL ond give i | neorest town) | | | | | | - 11 | KUKAL GIIG | give neare | isi iawni |
| | gerstown | | 1 Weel | 2 | x Hagers | stown | 五 带 云 | | | |
| OR INSTITUTION | ITAL (If not in hospital, g | give street | oddress) | | d. STREET ADDRESS | | | | e. | ON A FARM? |
| Wash, Co | ounty Hos | pita | 1 | | Huyetts | Cross | Rd. | | | YES NO |
| 3. NAME OF DECEASED | Fi | rst | Middle | | Last | 4. DATE | M | ionth | Day | Year |
| (Type or print) | VIRGIL | | P | | COOK | DEATH | March | 23 19 | 58 | 19 |
| 5. SEX | 6. COLOR OR RACE | 7. MARE | RIED NEVER MARRI | ED 🔲 | 8. DATE OF BIRTH | | 9. AGE (In yea | | TYEAR IF | F UNDER 24 HRS |
| Male | White | WIDOW | ED TO DIVORCE | 00 | Mar 3 1872 | 3 | lost birthdoy | | Doys | Hours Min. |
| 10a. USUAL OCCUPATI | ION (Give kind of work | done 10b. | KIND OF BUSINESS C | R INDU | STRY 11. BIRTHPLACE (Stot | e or foreign o | | | IZEN OF | WHAT COUNTS |
| auring most at wo | rking life, even if relifed |) [| | | Rockdale | | | | USA | 200141. |
| 13. FATHER'S NAME | Te | | Retired | | 14. MOTHER'S MAIDEN | | sh. Co | 20.01 | UDA | |
| 0 | | | | | | | | | | |
| | e W. Cook | | | | | irgir | nia Mil | | | Marie Hall |
| (Yes, no. or unknown) | ER IN U. S. ARMED FOR (If yes, give war or dates of s | | SOCIAL SECURITY NO | | NFORMANT | 3. 77. | | ddress | | |
| No | | | | 1 | luay F. Coc | к пае | gerstow | n Ma. | | |
| PART I. DE. 331 X Conditions, if a gove rise to couse (o), stoting lying couse lost. | the under- | , C | actuin | Ven | working | | | | ONSET | VAL BETWEEN T AND DEATH Days Years |
| ICATI | | | | | NOT RELATED TO THE TERM | | | GIVEN IN PAR | | WAS AUTOPSY PERFORMED? YES NO |
| | AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY O | CCURRE | D. (Enter noture of injury in | Part I or Par | rt II of item 18.) | | | |
| 20c. TIME OF INJUI Hour o. m. p. m. | RY Month, Doy, Yes | 20d. It While of wor | NJURY OCCURRED Not while t of work | 20e. PL | ACE OF INJURY (Home, for ctory, street, office bldg., et | m, 20f. (City | y or town) | (C) | County) | (Stole |
| 21. I certify the | hat I attended the | decease | ed fram | u | 19 <u>13</u> , to | 7-21 | 19 | that I I | last saw | the deceas |
| alive an | 23 mar | 1, 19 | 8 and that | death | accurred at 113 | 6 PM. frai | m the causes | and an th | he date | stated aba |
| | 0 0 | | 1:0 | | | | treet, city or tow | | ne doie | DATE SIGN |
| ACTUAL | (A) | W. | ilson | | м о | | | 0.77 | | |
| | 15- | -1928 | | | 135 | -NO:-F | OTOMA E | 5-51 | | |
| PHYSICIAN'S NAME (Type) | / y. D | - Voil | LEGN, M.I | D'a | HAGE | RSTOW | N, MAR' | YLAND | | |
| 220. BURIAL, CREMATIC | ON. 22b. DATE THEREC | F | 22c. NAME OF CEMI | ETERY O | D COEMATORY | T224 1004 | TION (City) | | | |
| REMOVAL (Specify | 2/35/5 | | | | | | TION (City, town | ,, | | (Stote) |
| 23. FUNERAL DIRECTOR | | 0 | ADDRESS | ven | Cemetery | | erstown | | | o Md. |
| 2 77 | | ** | | | | AR 2 7 '5 | | SISTRAR'S SIC | | |
| Andrew K | . Coffman | Hag | erstown ! | ud. | DATE | AN Z I D | The last | The Koul | | |

CERTIFICATE OF DEATH

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DECENAED

NYARG ROSTACRITISED The state of the second BEET II RAM

funeral director, ould be filed with

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CERTIFICATE OF DEATH

| | | | | | | | | Keg. Dist. I | 40. |
|---|---|----------------|--------------------------------------|---|---------------------------------|------------------------|---------------------------|----------------|--|
| 1. PLACE OF DEATH | ington | | MARYLAN | D O. STATE | land | ere deceased lived | I. If institution bCOUNTY | | efore admission) |
| b. CITY OR TOW | N (If outside corporate limi | ts, write | c. LENGTH OF STAY IN 1 | | | utside corporate li | | | negrest town) |
| 77 | s town R # | 2 | 1 Year | | airpl | The second second | | | |
| d. NAME OF HO | SPITAL (If not in hospital, o | ive street o | | d. STREET | | EV R T | | | e. IS RESIDENC |
| or institution Ga tewa | ON | | | / St | James | 3 | | | ON A FARM' YES NO |
| 3. NAME OF DECEASED (Type or print) | JOHN | st | DAVID | CRAWFOR | | 4. DATE OF DEATH | March | | Doy Yeor |
| 5. SEX | | | ED NEVER MARRIED | | | Os | t birthdoy) | Months Doy | AR IF UNDER 24 H |
| Male | White | WIDOWE | Marin Marin | | | | yrs. | | |
| during most of | ATION (Give kind of work working life, even if retired Tator | | Employed | 1 | | llle Wa | | | OF WHAT COUN |
| 13. FATHER'S NAME | | | | 14. MOTHER | MAIDEN N | AME | | | |
| Jacob | Crawford | | | H | larrie | ett Shi | nn | | |
| 15. WAS DECEASED | EVER IN U. S. ARMED FOR | | SOCIAL SECURITY NO. 17 | . INFORMANT | | | Addr | ess | |
| No | (if yes, give wor or one or si | - vice | None | Charles | R C: | | 827 | View S | St |
| PART I. | DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO if ony, which o immediate ing the under. DUE TO | X | ofor (a) (b), and (c). | i He | rersto | Du. | 2 | | NTERVAL BETWEEN NSET AND DEATH |
| lying couse lo | ost. (c | | | | | | | | |
| PART II. YOU YOU YOU YOU YOU YOU YOU YO | OTHER SIGNIFICANT CON | relia | ONTRIBUTING TO DEATH | CLESS | THE TERMIN | VAL DISEASE CON | IDITION GIVI | EN IN PART 1(o | 19. WAS AUTOPS PERFORMED? YES NO |
| | WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OCCUI | RRED. (Enter noture | of injury in P | ort t or Port II of | item 18.) | | |
| 20c. TIME OF IN Hour o. p. | 10 | While | JURY OCCURRED 20e. Not while of work | PLACE OF INJURY foctory, street, offic | (Home, form, te bldg., etc.) | 20f. (City or to | wn) | (Coun | y) (Sto |
| 21. I certify alive on I | that I attended the | decease 195 | | th occurred at | | | causes a | nd an the a | saw the decedate stated ab |
| 220. BURIAL/CREMA REMOVAL (Spec BUTIA) | | | 22c. NAME OF CEMETERY | | | Rohrer | | | (Stole) |
| 23. FUNERAL DIRECT | | | erstown M. | | 240. REC'D | BY REGISTRAR | 7.7 | TRAR'S SIGNA | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 why be retained by the haspital ar attending physician.

To funktal Dividing After this certificate has been signed by the attending physician and campletely filled in by the open 3 shauld detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. CERTIFICATE OF DEATH.

BUREAU V. S.

EBEL OI AAM

BECEINED

Andrew K. Coffman-Hagerstown,

03898

| | Neg. Dist. 140 | 7. |
|---|--|---|
| 1. PLACE OF DEATH o. COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Washi | ore odmission) Ington |
| b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne | |
| RURAL and give nearest town) | | ores, to my |
| Hagerstown 6 days d. NAME OF HOSPITAL (If not in hospitol, give street address) | Hagerstown d. STREET ADDRESS | is assumed to |
| OR INSTITUTION | | e. IS RESIDENCE ON A FARM? |
| Washington County Hospital | '333 South Street | YES NO |
| 3. NAME OF DECEASED (Type or print) EARL EDWARD CRIDL | Lost 4. DATE Month Do DEATH METCH 17. | oy Year 19 58 |
| | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | R IF UNDER 24 HRS. |
| Male White WIDOWED DIVORCED | Feb. 14, 1903 Spirthdoy) Months Doys | Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF RUSINESS OR INDUS | | OF WHAT COUNTRY |
| Laintance Sewage Dept. | | SA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| William Cridler | Jessie Dentler | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN | NFORMANT Address | |
| Yes 11 219-09-3193 | Mrs.Edith W. Cridler-333 South | n St. |
| Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last. | givic Caraniona (| omin o month |
| CATE | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) D. (Enter nature of injury in Part I or Port II of item 18.) | 19. WAS AUTOPSY PERFORMED? YES NO |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Nat while of wark at work | ACE OF INJURY (Home, form, 20f. (City or town) (County) tory, street, office bldg., etc.) | (State) |
| 21. I certify that I attended the deceased from 4-13-5 | 7 , 19 , ta 3-17-58 , 19 , that I last so | aw the decease |
| alive on 3 - 17, 19 X, and that death | accurred at 9.4. M, fram the couses and on the da ADDRESS (Street, city or town, state) | ite stated abave |
| SIGNATURE Paul Harrison | M.D. XXXXXXXX 318 N. Potomac St. | 3-185 |
| PHYSICIAN'S NAME (Typo) Paul Harrison, M. D. | Hagerstown, Md. | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR | | (State) |
| Burial 3-19-58 Rose Hill | Comptons | , |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU | |
| | arvlandpare MAR 2 7 '58 Will edu | eh |

MarylandDATE

funeral director, uld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TOR: After this certificate has been signed by the attending physician and campletely filled in by detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and to burial, cremation, ar removal, and in any event within 72-haurs after death. TO FUNERAL DIE page 3 should VS A15 (4) 15M 10/57

the registrar pridr

CERTIFICATE OF DEATH

BUREAU V. S.

8381 78 AAM

DECENTED

VS A15 (4) 15M 9/55 03809

3820 CERTIFICATE OF DEATH

Reg. Dist. No

| | | | | | reg. Dist. 140. |
|--|---|---|--|--|---|
| 1. PLACE OF DEATH G. COUNTY WE | shington | MARYLAND | 2. USUAL RESIDENCE (WHO O. STATE Mary) | land b. COUNTY | Residence before admission) Washington |
| b. CITY OR TOWN RURAL and give | I (If outside corporate timits, wri nearest town) Berstown | c. LENGTH OF STAY IN 16 29 years | 9.9 | outside corporote limits, write RUR/ | AL and give rearest lown) |
| d. NAME OF HOS OR INSTITUTION Washir | PITAL (If not in hospital, give str ngton County | Hospital | d. STREET ADDRESS 229 N. | Locust St. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Forrest | Mel v in | Cubbage | 4. DATE Month OF DEATH March | 14 Pear 19 58 |
| 5. SEX Male | 7477- 2 4- | ARRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH Dec. 29, 19 | | UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| Product | TION (Give kind of work done to prking life, even if retired) On WORKET | 10b. KIND OF BUSINESS OR INDI Aircraft | | or foreign country) Ounty Va. | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME | Henry Cul | bage | 14. MOTHER'S MAIDEN N | L Campbell | |
| 1S. WAS DECEASED E (Yes, no er unknown) | VER IN U. S. ARMED FORCES? If yes, give war or dates of service) | | Mrs. Alena M | A. Cubbage H | ag. Md. |
| PART I. D Conditions, if gove rise to couse (o), stotin lying cause los | immediate DUE TO | Valvular Hear Myocardial f Gastric ulce Hemorrhage & | failure grade : er shock | | INTERVAL BETWEEN ONSET AND DEATH |
| CATI | | NS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURR | | | I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| | FY MEDICAL EXAMINER) | None | | | |
| 20c. TIME OF INJU Hour a. p. m | None 10 WI | d. INJURY OCCURRED hile Not while work of work | PLACE OF INJURY (Home, form octory, street, office bldg., etc. none | 20f. (City or town) | (County) (State) |
| 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | that I oftended the deco March 14 , 1 Robert Samuel R. V | | h occurred of 8130 | March 14, 1958, the A.M., from the causes one ADDRESS (Street, city or town, stongtomac St. Hagerstown, Maryla | g. Md. 3-14-58 |
| 220. BURIAL, CREMAT REMOVAL (Specil Burial | 3-17-58 | | OR CREMATORY Cemetery | 22d. LOCATION (City, town, or chagerstown l | county) (State) |
| PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT REMOVAL (Specie | 710N, 22b. DATE THEREOF (4) 3-17-58 | Nells 22c. NAME OF CEMETERY (Rose Hill ADDRESS | He government of the second of | gerstown, M ryla 22d. LOCATION (City, town, or c Hagerstown | and county) (State) |

| modenic at weeks one v | | DOLLANDE | nod and de sw |
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| mentation | | 11 11 10 10 10 10 10 10 10 10 10 10 10 1 | neoverne de |
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| | ssndu0 | | TRANSOT - DESCRIPTION |
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| .av ganno | | o il monta | L Taxest Not fouce |
| fledgmav le | 191 | | Manry Cubb |
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AT THE STATE DEPARTMENT OF STATE OF ATTEMPT OF STATE OF A STATE OF

VS A15 (4) 15M 10/57 植

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| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
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3864 CERTIFICATE OF DEATH

03810

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (W | here decease | d lived. If instituti b. COUNTY | Alle | e before odmis gany | sion) |
|--|---------------------|---|------------------------|---|-------------|------------------------|--------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown) Rural Hagers town | F STAY IN 16 | c. city or town (if Route # | | rate fimits, write R lintsto | ne | ive nearest taw | (n) |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Gateway Nursing Home | | d. STREET ADDRESS | | | | ON | SIDENCE A FARM? |
| 3. NAME OF First DECEASED (Type or print) GREELE Davis | Middle | Last | 4. DATE OF DEATH | Mon Ma | rch | 28 | 1958 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER White WIDOWED DI | MARRIED | B. DATE OF BIRTH | 37 | 9. AGE (In years last birthday) 70 yrs. | | Doys Hours | |
| 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Nousewife Own ho | | | e or foreign c | | | S.A. | T COUNTRY? |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | | |
| Hamilton Leary | | Mollie | e Hend | heman | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI | ITY NO. 17. 1 | NFORMANT | | Add | ress | | |
| No None | | Deceased be | efore | death | | | |
| Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH | | | | | 'EN IN PART | PERF | AUTOPSY ORMED? |
| | JUKT OCCURRE | D. (Enter noture of injury in | ran or ron | r II ar Hem To.) | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour a. m. 19 While Not while of work □ at work | £- | ACE OF INJURY (Home, for ictory, street, office bldg., e | rm, 20f. (City | or town) | (C | ounty) | (Stote) |
| 21. I certify that I attended the deceased from a dive an alive and alive and alive and actual signature and actua | executed that death | 3 + , 1957, to 1 n accurred at 123 m.p. Cle | Mim, fra | n the causes of treet, city or town, | and on th | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME C | of CEMETERY C | R CREMATORY Burial Pa | | TION (City, town, | | (Sto | ie) |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN J. Hafer, Cuml | berla, | | C'D BY REGIS | | STRAR'S SIG | | |

BUREAU V.

DECIENA E

03811 3865 CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed g. STATE b. COUNTY Washington MARYLAND Washington Maryland b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 Williamsport liamsport vrs. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ELAS RESIDENCE OR INSTITUTION ON A FARM? onococheague Conococheague YES NO 2 NAME OF First Middle 4. DATE Year filled DECEASED Lula 1958 Anna Davis March (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last burthday) Min White Female WIDOWED IT DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) USA Home Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otho Guessford Margaret Wolford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT N. Address onococheague attending Russel Davis llaamsport 1B. CAUSE OF DEATH [Enter only one cause peg PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate per DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) q, m factory, street, affice bldg., etc. While Not while at wark at wark p. m 21. I certify the deceased from aftended 19 ___that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above 080 ADDRESS (Street, city or town DATE SUSNE ACTUAL RAL DI PHYSICIAN'S FUNERAL NAME (Type) 22b. DATE 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) Greenlawn Cemeterv larch 18-58 msport I'd 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b_REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) 1SM 10/57

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

STACKED STACKED Edenalyte. 19 1777 3

Die Bist No

| 0001 | | | | Kag. Dist. No. |
|--|---|---|---|---|
| 1. PLACE OF DEATH OCCUPITY ASHINGTON | MARYLAND | 2. USUAL RESIDENCE (Where on STATE MARYLAN | deceased lived. If institution b. COUNTY | Residence before admission) WASHINGTON |
| b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) BOONSBORO | c. LENGTH OF STAY IN 1b 29 DAYS | c. CITY OR TOWN (If outsid | le corporate limits, write RUS RING, MD. | RAL and give nearest tawn) |
| d. NAME OF HOSPITAL IN not in hospital, give REEDER NURSING HOME | e street address) | d STREET ADDRESS RURAL CLEA | AR SPRING | e. IS RESIDENCE ON A FARMA- YES NO |
| 3. NAME OF First DECEASED (Type or print) LEIL | A DOWNS | DEMNITO | DATE Month of 3 | ^{Doy} Yeor 58 |
| CONTRACTOR CARTON | MARRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH MAY 30, 1885 | | FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) HOUSEWORK | PRIVATE HOMES | STRY 11. BIRTHPLACE (Stole or for MARYLAND) | oreign country) | 12. GITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME SAMUEL GOSSARD | | FLORENCE DOW | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes, no, or unknown) (If yes, give wor or dates of sen | ical | NFORMANT EORGE P. DENNIS | HAGERS TOWN | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO (b)_ DUE TO (c)_ | Hear | + Block | | 10 days |
| CATIC | TIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL | DISEASE CONDITION GIVEN | N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH | 0b. DESCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Part | l or Port II of item 18.) | |
| ZOc. TIME OF INJURY Month, Day, Year Haur a. m. 19 | | ACE OF INJURY (Home, form, 2 ctary, street, office bldg., etc.) | Of. (City or town) | (County) (State) |
| 21. I certify that I attended the calive on March ACTUAL SIGNATURE | | | | that I last saw the deceased on the date stated above one) DATE SIGNED 3-3-57 |
| PHYSICIAN'S A Walge | Van | | // | nd. |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 3/5/58 | ROSE HILL CE | OR CREMATORY 22d METERY | CLEAR SPRING | county (State) |
| 23 FUNERAL DIRECTOR'S SIGNATURE 2. Clark | Cloudy Man | 240. REC'D BY | O. | PAR'S SIGNATURE |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

O FUNERAL PACTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shault detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 12 hours after death. TO FUNERAL P VS A15 (4) 15M 9/55

e funeral director, sould be filled with

Dist. Park No. THE PARTY OF THE BUREAU V. E. A Commission of the beauty and the second of 8381 3 AAM

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3867

CERTIFICATE OF DEATH

Reg. Dist. No

03813

| - | 0001 | | | | | | |
|---------------|---|-----------------------------|------------------------------------|----------------------|---------------------------------------|-------------------|-------------------------|
| 1 | PLACE OF DEATH O. COUNTY Washing Fork | MARYLAND | 2. USUAL RESIDENCE (Who a. STATE | ere deceased live | d. If institution Reside b. COUNTY | Tahkii | ign) |
| - | b. CITY OR TOWN (If autside carporale fimits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If a | utside carporate l | imits, write RURAL and | give nearest town |) |
| 6 | RURAL and give names town) | 3 V15 | M | arion | 75 | x - 3 | V |
| - | d. NAME OF HOSPITAL IV not in hospital, give stre | et address) | d. STREET ADDRESS | 7 | | e. IS RES | |
| | OR INSTITUTION Modes Wille Mone | nite Home | | | | | NO R |
| 3. | NAME OF First | Middle | Last | 4. DATE | Manth | Day | rear |
| | (Type or print) Dane | 5. | Diehl | OF DEATH | March | 22 | 1958 |
| 5. | SEX 6. COLOR OR RACE 7. M | ARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. A | | R 1 YEAR IF UNDE | R 24 HRS. |
| | Male White WIDO | WED DIVORCED | 12/13/18 | 63 | st birthday) Months | Days Hours | Min. |
| 100 | . USUAL OCCUPATION (Give kind of work done 1 | DE KIND OF BUSINESS OR INDU | STRY IV. BIRTHPLACE (State | or fareign country | 1 12. CI | TIZEN OF WHAT | COUNTRY? |
| | during most of working life, even if retired) | SUPOLVISOF | FINGKI | in Co. | Tonna | 115 | 4. |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN N | NAME | -4119 | | |
| | Salara / Dieh. | / v | M | 261 | ALL | | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 13 | INFORMANT | 1 | Address | | 7 |
| (1/4 | (If yes, give war or dates of service) | Non h | 10 Por 11 | | m. | . / | |
| = | The sales of praying | IVONE YE | 1. The M | a sony | - / Mans | INTERVAL BE | TIMEEN |
| | 18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: | | | | | ONSET AND Inde | DEATH |
| | IMMEDIATE CAUSE (a) AY | teriosclerot | ic heart dis | sease | | Inde | Ilniu |
| | L4 LO. O DUE TO | (with conges | tive failure | e) | | | |
| | Conditions, if any, which (b) | (112012 0022002 | | | | | |
| | cause (a), stating the under- | | | | | 1 | |
| | lying cause last. (c) | | | | | | |
| Ö | PART 11. OTHER SIGNIFICANT CONDITION | IS CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMI | NAL DISEASE CO | NDITION GIVEN IN PA | RT 1(a) 19. WAS / | AUTOPSY RMED? |
| 3 | | | | | | YES [| NO 🔀 |
| CERTIFICATION | 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURR | ED. (Enter nature of injury in f | Part I or Part II of | item 18.) | | |
| MEDICAL | | I. INJURY OCCURRED 20e. P | ACE OF INJURY (Home, form | , 20f. (City or to | own) | (County) | (State) |
| AED | Haur a. m. 19 Wh | ile Not while | ictory, street, office bldg., etc. | •) | | | |
| ~ | | | 0 10 58 1- | March | 22,058 | 1 | 1 1 |
| | 21. I certify that I attended the dece | 58 | 9:504 | A | | last saw the | |
| | alive an 1131 Cit | and that deat | | | e causes and an i | | ed abave. ATE SIGNED |
| | ACTUAL STOLL | , 0 | | | ton Stree | | 4/58 |
| | SIGNATURE / / OUL | men, | M.D.148 West 1 | wasning | COU DOLE | 0)/2 | 7/ 50 |
| | PHYSICIAN'S Dr. B. B. Kne | iclev | 77 | . Mana | -lawa | | |
| | | 715103 | Hagerstown | n, Mary | Tano | | |
| 22 | BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY | OR CREMATORY | 22d. LOCATION | (City, town, or county) | In In Istate | e) / |
| | BUHA/ 3/25/195 | 8 Falling Spring No | wait Cameters | Chambo | +ship, Guil | ford 145 | 1a |
| 23. | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS / | 240. EC'I | D BY REGISTRAR | 246 REGISTRAR'S S | GNATUJE | |
| 6 | Howard M. Jenumen | an Helanca | SOUNA DATE N | MAR 3 1 '58 | 1 Rec | -1 | |
| | | | | | Will-ki | www. | |

e funeral director, ould be filed with ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours moy be retained by the hospital ar attending physicion.

TO FUNERAL PACTOR: After this certificate has been signed by the attending physician and campletely filled in tagge 3 should detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55



1958 31 1958

TO THE CHARLES

03814

CERTIFICATE OF DEATH

| Reg. | Dist. | No. | |
|------|-------|-----|--|
| | | | |

| | 33/1 | | Keg. Dist. 140. |
|---|---------------------------------------|---|----------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY | n: Residence before admission) |
| Washington | MARYLAND | W.Va. | Berkeley |
| b. CITY OR TOWN (If outside corporate I RURAL and give nearest town) | imits, write c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RL | JRAL and give nearest town) |
| Hagerstown | 3 Weeks | Falling Waters R.F.D | . # 1 85x_3 |
| d. NAME OF HOSPITAL (If not in Bospito OR INSTITUTION | , give street oddress) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| Washington Co. H | espital | R.F.D. # 1 | YES NO |
| 3. NAME OF DECEASED | First Middle | Lost 4. DATE Mont | h Day" Year |
| (Type or print) Lettle | Mae | Donivan DEATH March | 7, 19 58 |
| | 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years lost birthday) | Months Days Hours Min. |
| Female White | WIDOWED DIVORCED | Jan. 2, 1904 54 yrs. | 2 5 100% |
| 300. USUAL OCCUPATION (Give kind of wo during most of working life, even if reli | rk done 10b. KIND OF BUSINESS OR INDU | USTRY 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| House duties | Home | Elkton Virginia | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| Thomas Shiffle | tt | Henrietta Shifflett | |
| 1S. WAS DECEASED EVER IN U. S. ARMED F | | INFORMANT Addr | ess · |
| No. | | rank Donivan Falling | Naters W.Va. |
| 18. CAUSE OF DEATH [Enter only one | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED B | Central Respirato | bry failure | OKSET AND BEATH |
| 223 X DUE | | | l. house |
| Conditions, if any, which) | Edema of brain | | 4 hours |
| gave rise to immediate DUE | (-) | ost probably from one of the | antiliation |
| coese (o), stating the under- | w given after crant | iotomy & removal of meningion | ma (rt.middle fossa |
| PART II. OTHER SIGNIFICANT C | | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE | EN IN PART 1(a) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CO 245 X Meningit | is as postoperative | complication. | PERFORMED? YES NO |
| 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE | 20b. DESCRIBE HOW INJURY OCCURR | ED. (Enter nature of injury in Port 1 or Part II of item 18.) | |
| | | PLACE OF INJURY (Home, farm, 20f. (City or town) | (6 |
| Hour a.m. | While Not while | octory, street, office bldg., etc.) | (County) (State) |
| p. m. | 9 at work at work | | |
| 21. I certify that I attended t | he deceased from Feb. 15 | | ,that I last saw the deceased |
| alive on March 7, | , 19 ⁵⁸ , and that deat | h occurred at 8 3 55P M, from the causes a | nd on the date stated above. |
| | | ADDRESS (Street, city or town, | state) DATE SIGNED |
| SIGNATURE 7. F. | Mobillah | M.D. 132 North Potomac Street | et 3/10/58 |
| PHYSICIAN'S A. F. Ab | dullah, M.D. | Hagerstown, Maryland | |
| 22a. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) | | | |
| Burial 3/11/5 | 8 Spring Mill | s emetary Berkeley CO | . W.Va. |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | TRAR'S SIGNATURE |
| Vowardk. 13r | Martinsbur | g W. Va DATE MAD 1 2 '58 199 | Leavel |
| | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3868 **CERTIFICATE OF DEATH** Rea. Dist. No. directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Washington o. STATE aryland b. COUNTY Washington MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown- Rural Rural Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS Route hours Hagerstown Rt. and = NAME OF Middle 4. DATE Lost Month DEATH March (Type or print) Samuel Harold Ebersole 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely lost birthdoy) Months Male White Sept. WIDOWED | DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) Retail Store Chambersburg Pa. Manager ond carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ira S. Ebersole Etta Lantz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. Marion G. Ebersole Hag. Rt. 5 214-09-4051 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which any (b) gove rise to immediate per DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTHOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year Hour a. m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram Ythat I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) FUN P bode Rose Hill Ha Cemeterv gerstown 0 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE . Minnich & Son Hagerstown VS A15 (4) Md. DATE AR 1

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| M | 1. PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE D. COUNTY MARYLAND | ince before admission) |
| | b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and RURAL) AND RUSH CONTROL OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL) | give nearest town) |
| 00 | d. NAME OF HOSPITAL [If not in Jospital, give alrest address) A STREET ADDRESS PD 4 - Hagers A STREET ADDRESS | ON A FARMS |
| | 3. NAME OF DECEASED (Type or print) Elizabeth Middle Eby DEATH March | Day Year 195 |
| | WIDOWED DIVORCED 2/26/1884 lost birthdoy) Months | R 1 YEAR IF UNDER 24 H Days Hours Min |
| | during most of working life, even if whited Home Wash, Co., Md. | U.S.A. |
| | Samuel E. Horst Elizabeth Ma | rtin |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address of Company (17 yes, no front from 18 yes, no front front from 18 yes, no front front from 18 yes, no front front front front from 18 yes, no front fron | tistown, m |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN |
| | IMMEDIATE CAUSE (o) H20, Due TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. (b) DUE TO DUE TO (c) | 6mm |
| 0 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | RT 1(0) 19. WAS AUTOP PERFORMED? YES NO |
| | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work of work | (County) (Sto |
| | 21. I certify that I attended the deceased from 1/- 1- 37, to 3-1-, 1930, that I | lost saw the dece |
| | olive an, 19 and that death accurred ot, M, from the couses ond on | |
| 1 | ACTUAL SIGNATURE A SOLD M.D. ADDRESS (Street City or town, stole) | DATE SIG |
| | PHYSICIAN'S NAME (Type) In SW Sulls After when my | 1758 |
| | 220. BURIAL (REMATION, REMOVAL (Specify) 22b. DATE THEREOF 3 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) | md. |
| 0 | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR DATE HAD 5 '58 | IONATURE |
| Vec | CCE, WILLIAM - The weist DATEMAR 5 '58 William | LUK |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4 15M 9/55

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| ANN S 1958 | | 7-2-73 | V UARROU V. |
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MARYIAGO STATE DESARTMENT OF HEALTH - BANTIMORE, MEDICAL EXAMINER'S CENTIFICATE OF DEATH

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22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

St. Paul's Cemetery

Elaine K. Donnellan, M.D.

Year

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DAYS

(Stote)

(Stote)

131 W. Washington, Hagerstown, Md.

24b (REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Clear Spring.

24a. REC'D BY REGISTRAR

certificate RAL DIE FUNER egod 2 VS A15 (4) 15M 9/55

Minnich & Son, Hagerstown, Md. DATE

220. BURIAL, CREMATION, 22b. DATE THEREOF

PHYSICIAN'S NAME (Type)

Scott

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. wift director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND death. eral b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give neorest town) Pin d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? haurs YES NO 2 NAME OF 4. DATE Middle Lost Year Day filled DECEASED (Type or print) DEATH 19 5 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Months Doys Hours Min. an papers. WIDOWED DIVORCED T cample yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If fee, give war or dates of service) attending within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] INTERVAL RETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO that by permit. any Conditions, if any, which gned gove rise to immediate DUE TO cause (o), stoling the underand lying cause lost. burial-transit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? has YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) os the 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) USe 0. 11. While Nat while 19 p. m. at work at wark for 5 19 5 Sthot I last saw the deceased 21. I certify that I ottended the deceased from and that death occurred ot 815 .M, from the couses and on the date stoted above. TOR: ē ADDRESS (Streets city or town, stote) 0 DATE SIGNED ACTUAL SIGNATURE 0 0 shaul PHYSICIAN'S NAME (Type) FUNE 3 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 0 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. COISTRAR'S SIGNATURE VS A15 (4) DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

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Hours

12. CITIZEN OF WHAT COUNTRY?

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CERTIFICATE OF DEATH

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| 1. PLACE OF DEATH a. COUNTY | Washington | MARYLAND | a STATE | CE (Where deceased live | 4 | dence before deshingt | | | |
| b. CITY OR TOWN (| (If autside carporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) | | | | | | |
| | stown rual | 2 yrs. | X Security | | | | | | |
| OR INSTITUTION | TAL (If not in hospital, give street Nursing Home | address) | d. STREET ADDR | ESS | | | IS RESIDENCE ON A FARM? ES NO | | |
| 3. NAME OF DECEASED (Type or print) | First M ary | Middle A | Harness | 4. DATE OF DEATH | Month 3 | 16 Doy | Year 19 58 | | |
| female | 6. COLOR OR RACE 7. MARK | HED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH Feb. 6, 18 | | GE (In years IF UNI birthday) Manti | | UNDER 24 HRS. | | |
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| | ewife | home | | own, Md. | | U.S.A | 1. | | |
| 13. FATHER'S NAME | - 1 (1) : 177 : | | 14. MOTHER'S MA | | | | | | |
| | John Shilling | | | nown | | | | | |
| 15. WAS DECEASED EV | ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service) | | nformant lian Towns | end Baltim | ore 18, M | d. | | | |
| PART I. DE, 33/X Conditions, if a gave rise to cause (a), stating lying cause last. | the <u>under-</u> DUE TO (c) | Cerebro | y Occ l Hen | lusion | qe- | onse H | AL BETWEEN AND DEATH AND DEATH AND DEATH | | |
| PART II. OT | HER SIGNIFICANT CONDITIONS (| CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE | TERMINAL DISEASE CON | NDITION GIVEN IN I | | PERFORMED? | | |
| | AS UNDERLYING TO COULD SEE TO CAUSE OF DEATH OF MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of inj | ury in Part I ar Part II af | item 18.) | | | | |
| 20c. TIME OF INJU Hour a. m. p. m. | RY Manth, Day, Year 20d. II 19 While at war | Nat while fa | ACE OF INJURY (Ham ctary, street, affice bld | e, farm, 20f. (City ar to | own) | (County) | (State) | | |
| 21. I certify to alive of | hat I attended the decease that I attended the decease that I at | | , 1956, 19 occurred at 1 | A. M. from the | 6, 1958, that e causes and are try or town, state) | | | | |
| 22a. BURIAL, CREMATIC REMOVAL (Specify DULL) | ON, 226. DATE THEREOF 3-19-58 | 72c. NAME OF CEMETERY O | R CREMATORY | 22d. LOCATION Hager | (City, tawn, or count 's town | ly) | (State) Md. | | |
| 23. FUNERAL DIRECTOR | | ADDRESS | 240 | REC'D BY REGISTRAR | 246. REGISTRAR'S | | | | |
| Fred W. Kr | raiss Hagerst | own, Md. | DA | TE 9 '58 | White | wer | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shaulds. I detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington O. STATE b. COUNTY Md. Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) give pegrest town) Near Boonsboro Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1260 Ravenwood Heights YES NO NO 4. DATE OF DEATH NAME OF Middle Year DECEASED Merle 1958 (Type or print) Anna Harper March 11 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours Min. white 51 WIDOWED [7] DIVORCED T female YIS. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown, Md. U.S.A. housewife home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Martin George H. Warner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Grover L. Harper Hagerstown, Md. none no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure to cold DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? Mentally Ill YES X NO | 20a. EXTERNAL CAUSE WAS PRIMARY SO or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) while laying in trunk of automobile CAUSE OF DEATH. 20d. INJURY OCCURRED

While Not while of work of two work at two w 20c. TIME OF INJURY Month, Day, Year (Stote) (County) Md Wash Mar 11 1958 Boonsboro, 21. I certify that I took charge of the remains described above, held on Autopsy 12. Inspection II. Inquiry ond find that deoth resulted from: Noturol couses , Accident x, Suicide , Homicide , Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** S. Robert Wells. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) PEMOVAL (Specify) Rose Hill Hagerstown Md. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D, BY REGISTRAR Fred W. Kraiss Hagerstown. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH-DATIMORE, I

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| 1. PLACE OF DEATH O. COUNTY WASHINGTON | MARYLAND | 2. USUAL RESIDENCE (Where do | peased lived. If institution, Resident b. COUNTY WASF | ce before admission) HINGTON |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and sive negretal lown) | c. LENGTH OF STAY IN 16 16 YRS. | c. CITY OR TOWN (If outside of HAGERSTOWN | corporate limits, write RURAL and g | give nearest town) |
| d. NAME OF HOSPITAL (If not in hospitol, give stre WASHINGTON COUNTY H | et oddress) OSPITAL | /d. STREET ADDRESS 200 BUENA | VISTA AVE? | is residence on a farm? YES NO |
| 3. NAME OF First DANIEL | Middle WEBSTER | HART 0 | ATE Month FATH MARCH | Day Year 19 19 58 |
| MATE WHITE | RRIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 4/10/1880 | | 1 YEAR IF UNDER 24 HRS Days Hours Min. |
| 100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) RETIRED LABORER | RUBBER CO. | MARYLAND | ign country) 12. CITI | U.S.A. |
| 13. FATHER'S NAME HARRY HART | | 14. MOTHER'S MAIDEN NAME | ? | |
| 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, not graphnown) (If yes, give wer or dates of service) | 6. SOCIAL SECURITY NO. 17. (236–14–7098 | MRS. NORA E. | HART HACTERST | TOWN AD. |
| 1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying cause lost. (c) | Ventrieren artersos cl | - Fibrilla eratic Rear | tion disease | ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | mign fro | NOT RELATED TO THE TERMINAL DI D. (Enter noture of injury in Port Yo | pertrophy | 1 (o) 19. WAS AUTOPSY PERFORMED? YES NO |
| Hour o. m. Whi | 4- | ACE OF INJURY (Home, form, clory, street, office bldg., etc.) | (City or town) (C | County) (State) |
| 21. I certify that I attended the deced alive an 3-1758 | and that death | accurred at 4 PMM, | fram the causes and an the SS (Street, city or lown, stole) IC ST MD • | |
| 220. BURIAL, CREMATION, 226. DATE THEREOF RENOTALTISACTIV) 3/22/58 | JOHNSONTON | | OCATION (City, town, or county) CH BERKLEY C(| (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE Hags | Slower 1 | 240. REC'D BY RED DATEAR 2 6 | EGISTRAR 24b. REGISTRAR'S SIG | |

e funeral director, nauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital ar ottending physicion.

TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and campletely filled in the poge 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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| 1. | 1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON | | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | |) | | |
| | RURAL "HA | GERSTOWN | | 50 YR | 3. | | ERSTO | | RAT. | | | | |
| | BOWER A | TAL (If not in hospital, g | FWA | | | d. STREET A | ADDRESS | | LFWAY | | | | DENCE FARM? |
| 3. | NAME OF | Fir | st | Middle | | Lo | st | 4. DATE | Mon | th | Do | | Year |
| | DECEASED (Type or print) | WILLIAM | 1 | ELLSWORTH | | HORNBA | | OF DEATH | MARCE | | - | | 19 50 |
| S. | SEX | 6. COLOR OR RACE | | RIED NEVER MARRI | | 8. DATE OF BIRT | The second second | 9 | AGE (In years lost birthday) | | RIYEAR | IF UNDE | R 24 HRS. |
| | MALE | WHITE | WIDOWI | | | 9/16/ | ורים ד/ | | lost birthday) | Months | Days | Hours | Min. |
| 10 | . USUAL OCCUPATI | ON (Give kind of work | done 10b. | | R INDUS | | | or fareign cou | | 12. CI | TIZEN C | F WHAT | COUNTRY |
| | during most of wor | king life, even if retired |) _ | TENANT FA | | | ARYLA | | | | TT : | 5. A. | |
| 13. | FATHER'S NAME | PARMER | | | T CHER | 14. MOTHER'S | | | | | 0.0 | J. A. | |
| | ZACHARI | AH TAYLOF | RHOE | RNBAKER | | ANN | IE EL | IZABE | TH CARE | BATIGI | 7 | | |
| 15. | WAS DECEASED EVI | ER IN U. S. ARMED FOR | | | . 17. IP | NFORMANT | | | | | - | | |
| [Y | ss. no. a propown) | If yes, give wor or dates of s | ervice) | | | RS. EMA | IA C. | MOAT | HATT | SHOT | AP IN | | |
| - | IR CAUSE OF DE | ATH [Enter only one co | use per lis | ne for (a) (b) and (c) | | C TONE | 111 0. | MONI | J | | LINITI | RVAL BE | TWEEN |
| | | ATH WAS CAUSED BY: | | Comme | y | Decl | us | in | | | ÖNS | ET AND | DEATH |
| | 420.0 | DUE TO | | 12/ | | 11 -1 | . / | 11 | | | | | |
| | Conditions, if c | | / | elient | n | linte | D/V | ent a | Disan | - | | 34 | my . |
| | gove rise to it couse (a), stating lying couse lost. | the under- DUE TO | | | | | | | | | | / | |
| × | | HER SIGNIFICANT CON | | ONTRIBUTING TO DE | ATH BUT | NOT RELATED TO | THETERMI | NAL DISEASE (| CONDITION GIV | EN IN PAI | T 1(a) 1 | 9 WAS | AUTOPSY |
| ATIC | | | - | | | | | | | 1417 | ,,,,,, | PERFO | RMED? |
| CERTIFICATION | 20a. ACCIDENT W | AS UNDERLYING [7] | 20b. DESC | CRIBE HOW INJURY O | CCURRED | (Foter poture o | of injury in I | Port Lor Port II | of item IR \ | | | YES [| NO 🕾 |
| CERT | OR CONTRIBUTING | AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER) | | | CCOMME | . (2 | ,,, | 017 1 01 1 017 1 | 0 | | | | |
| | 20c. TIME OF INJUI | | ar 20d It | NJURY OCCURRED | 20e. PLA | CE OF INJURY | Home form | , 20f. (City o | r town) | | Country | | (Stote) |
| MEDICAL | Hour o.m. | 10 | While | Not while | foc | tory, street, office | e bldg., etc. |) | , 10411) | | County) | | (21016) |
| × | p. m. | " | | k at work | | | | | | ^ | | | |
| | | nat I attended the | decease | | -/ | | | | 1957 | | | | |
| | olive on | 77-70 | . 19 | , and that | death | occurred of | 11-14 | _M, from | the causes o | nd on t | he da | te stote | ed above |
| | | 10 | 10 | H | | d | - | ADDRESS (Stree | ony or town, | stote) | - | DA | TE SIGNE |
| | ACTUAL SIGNATURE | In de | 1 | Ma 2 | / | A.D. / | 7 | ust | was 1 | 24 | 1 | 13/ | 5 F |
| | PHYSICIAN'S NAME (Type) | A Su | 18 | ulles | | 5 | 6/ | el el | Sound | he f | 3/ | 5/50 | p |
| 22 | BURIAL, CREMATIC | ON, 226. DATE THEREC | F | 22c. NAME OF CEMI | ETERY OF | CREMATORY | | 12d. LOCATIO | ON (City, town, o | r county) | | (State | 2) |
| | REMOVAL (Specify | 3/7/5 | 0 | GREEN | T. AT | ATM CEN | _ / | | LIAMSPO | | MI | | |
| 23. | FUNERAL DIRECTOR | | 11 | ADDRESS | -1001 | 1 | 1 | D BY REGISTRA | | | | _ | |
| 0 | W.J.No | smeat. | Herg | erstour | 1,1 | Teef. | DATE MA | | 1 1 1 1 | hear | ich | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 auld be fited with may be retained by the haspital ar attending physician.

TO FUNERAL DESCROR: After this certificate has been signed by the attending physician and campletely filled in tapage 3 shault detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter-death.

H

VS A15 (4) 15M 9/S5

BUREAU V. S. . 8261 OI AAM V.

MEDICAL

BUREAU V. E.

8361 78 AAM

BECEINED

may be retained b

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3875

CERTIFICATE OF DEATH

03826

| | | | | | | | | | Mag. D | 131. 110. | |
|-------------|--|---|--------------------|-------------------------------|----------------------------|---|------------------------|--|----------------|---------------------|---|
| | PLACE OF DEATH a. COUNTY WASHING | TON | | MARYLAI | ND O. | SUAL RESIDENCE (W STATE MARYLANT | | ed lived. If institut b, COUNTY WASH | | | odmissian) |
| | | outside carporote limitarest tawn) | ts, write | c. LENGTH OF STAY IN 4 YEARS | | CITY OR TOWN (IF | outside carp | | | | it town) |
| - | OR INSTITUTION | AL (It not in hospital, g | | |) 0 | STREET ADDRESS MAIN S | | r | | | IS RESIDENCE ON A FARM? 'ES NO |
| | NAME OF DECEASED (Type or print) | Fir MAY | st | Middle L | I | Lost FER T | 4. DATE OF DEATH | MARCH] | | Doy 958 | Year |
| S. 5 | FEMALE | 6. COLOR OR RACE WHITE | 7. MARRI WIDOWE | DIVORCED | - | E OF BIRTH | 80 | 9. AGE (In years last birthday) 78 yrs. | | R TYEAR IF | UNDER 24 HRS. fours Min. |
| | HOUSE W | ing life, even if refired) | dane 10b. | KIND OF BUSINESS OR II | | APLAND | WASH. | | | S.A. | WHAT COUNTRY |
| 13. | | PH GORDOI | \T | | S 5 50 | MOTHER'S MAIDEN | | N I TIE | | | |
| 1S. (Yes | WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. S | SOCIAL SECURITY NO. | 17. INFORM | - 1 2 - | FERT | BOONSBO | | (D D | 7 |
| ICATION | | he <u>under-</u> DUE TO (c) ER SIGNIFICANT CONI | DITIONS C | Cerebro | | | | | /EN IN PAR | | WAS AUTOPSY PERFORMED? ES NO |
| CAL CERTIF | (IF EITHER, NOTIFY | CAUSE OF DEATH MEDICAL EXAMINER) | | RIBE HOW INJURY OCCU | | | | | | | |
| MEDIC | 20c. TIME OF INJURY Haur a. m. p. m. | Month, Day, Yea | While | Nat while at wark | e. PLACE OF factory, si | INJURY (Hame, form reet, affice bldg., eli | m, 20f. (Cit c.) | y ar tawn) | (| County) | (State) |
| | 21. I certify the alive on Management of the street of the | at I attended the | decease , 195 | | eath accu | 1958, 1914 rred at 7 K | | m the causes of treet, city ar town, | and an t | last saw he date | the decease stated above DATE SIGNE |
| | PHYSICIAN'S NAME (Type) | G.W. | hel | lan. | | | | | | | |
| 22a | BURIAL CREMATION | MARCH 19 | | 22c. NAME OF CEMETER | OF TH | | | TION (City, town, | ar caunty) BRO | WNSV | (State) |
| 23. | SOAT THE | SIGNATURE | P | ADDRESS DOUBLOSO | b | 24a. REC | 'D BY REGIS | TRAR 24b. REGI | STRAR'S SI | GNATURE | |

CERTIFICATE DE DERTH

8381 IS 8AM

| | | | 1 | 1 | 3 | 8 | 2 | 14 |
|------|-------|-----|---|---|---|---|---|----|
| Reg. | Dist. | No. | | | | | | 4. |

| 1 | 1. PLACE OF DEATH O. COUNTY WASHING | TON | | MAR | YLAND | 2. USUAL RESI | e before o | dmission) | | | | |
|---|--|---|---------------|-----------------------|-----------|--------------------|---------------|--------------|-----------------------------------|---|--------------|---------------|
| | b. CITY OR TOWN (If RURAL ond give ne | outside corporate limitorest town) | ts, write | c. LENGTH OF STA | YINIb | c. CITY OR | TOWN (If a | | SHTNGT (prote limits, write I | | jive negrest | town) |
| | BEAVER | | | 21 YEAR | s | X REA | VER (| REER | | | | |
| | d. NAME OF HOSPITA | AL (If not in hospital, g | ive street od | idress) | | d. STREET A | | | | | e. I! | S RESIDENCE |
| | | STOWN MD | ROI | ו ישועו | | TTACI | TO COM | OLINE B | (D DOITE | | | ON A FARM? |
| | 3. NAME OF | Fir | | Middl | | | | 4. DATE | D. ROUTE | | | |
| | (Type or print) | | 31 | | e | Los | | OF | Mor | | Day | Yeor |
| | S. SEX | 6. COLOR OR RACE | 7 | JANE | - 1- | IRVIN | | DEATH | MARCH | | | 19 |
| | J. JEA | O. COLOR OR RACE | | D NEVER MARR | | DATE OF BIRTI | Н | | 9. AGE (In years lost birthday) | | | JNDER 24 HRS. |
| | FEMALE | WHITE | WIDOWED | | | OCTOBE | R 3 1 | 1866 | Ol yrs. | INCOME IS | Doys He | ours Min. |
| | 10a. USUAL OCCUPATIO during most of worki | N (Give kind of wark or ing life, even if retired) | done 10b. KI | ND OF BUSINESS | OR INDUST | RY 11. BIRTHPL | ACE (Stote | or foreign c | ountry) | 12. CITI | ZEN OF W | HAT COUNTRY |
| | | WIFE | 0 | WN HOME | | LET | TERSE | BIJRG | MD. | II. | S.A. | |
| | 13. FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | |
| | JOST | AH HOUPT | | | | דין דין | ABETE | I CDA | v | | | |
| ۱ | IS. WAS DECEASED EVER | IN U. S. ARMED FOR | | CIAL SECURITY NO | O. 17. IN | ORMANT | W DG-T L | LITTLE | Add | ress | | |
| | (Yes. no. or unknown) (II | f yes, give wor or dates of si | | CATE | TTOT | 71 mm ** | | | | | | |
| | | TH [Enter only one co | | ONE | | VARD W | . IRV | NG E | AGERST | M N W | D.R. | |
| | | H WAS CAUSED BY | use per line | far (a), (b), and (c) |)-] | 10 | | - | | | ONSET / | AND DEATH |
| | 422.1 | IMMEDIATE CAUSE | 11-14 | Card. | af | 4.00 | earl | rol | in | | 3 | 4.20 |
| | 4000 | DUE TO | | | | | | | | | | |
| 1 | Conditions, if on | | // | | | // | | | | | | |
| 1 | gave rise to im couse (a), stoting th | mediote (| 1, | | 1 | / | | | To the second | | | |
| 1 | lying couse lost. | le onder- | Te | veraln. | ad . | inte | مال مروار ا | 30 | lesse | , | 1.0 | 200- |
| | PART II. OTHE | ER SIGNIFICANT CON | DITIONS CO | NTRIBUTING TO DE | ATH BUT N | OT RELATED TO | THE TERMIN | VAI DISEAS | E CONDITION GIV | /EN IN PART | 1(a) 19. W | VAS AUTOPSY |
|) | ATI | | | // | | | | 0.55143 | e constitution on | LEIA IIA LOKI | PE | ERFORMED? |
| | E 20a. ACCIDENT WAS | UNDERLYING (7) | 20h DESCRI | IBE HOW HIJURY | CCUBBED | /Entre natura at | Cialum in D | D | 11 -6 'A 10 A | | YES | S NO |
| | OR CONTRIBUTING I | LI CAUSE OF DEATH I | and organ | ise no vondori c | JCCORRED. | (Emer notore of | i injury in r | arr i or ror | in or nem is., | | | |
| | 20c. TIME OF INJURY Hour o. m. | Month, Doy, Yea | r 20d. INJ | JRY OCCURRED | 20e. PLAC | E OF INJURY II | Home, form, | 20f. (City | or town) | IC | ounty) | (State) |
| | Hour o.m. | 19 | While of work | Not while of wark | facto | ry, street, office | bldg., etc.) | | | | ,,,, | (0.2.0) |
| | | | | · · | / | | 1 | | 21 | / | | |
| 1 | 21. I certify tho | at I attended the | deceased | ./ / | 7 | | | | 15, 195 | | | |
| 1 | alive and | V2/3 | _, 19.5_3 | and the | death o | ccurred at_ | 2065 | _M, fron | n the causes o | and on the | e date s | tated abave. |
| 1 | | | | 11 | | | | DDRESS (SI | reet, city or town, | state) | | DATE SIGNED |
| | ACTUAL SIGNATURE | 19618 | ols | les | M. | D | | | yar 1 | 15. | 19 | 5-8 |
| | PHYSICIAN'S | | | | | | | | | | // | |
| | NAME (Type) | AKO | 41 | PR. | | | | | | | | The same |
| | 22a. BURIAL, CREMATION REMOVAL (Specify) | , 22b. DATE THEREO | F : | 22c. NAME OF CEN | ETERY OR | CREMATORY | | 22d 10CAT | ION (City_town, | ar county) | | (State) |
| 1 | BURTAT | mary 18.1 | 958 | LITTIONA. | 6 | 1110/001 | | 1000 | 100. (STOR | 1. 9. | n. 1. 1 | on md. |
| I | 23, FONERAL DIRECTOR'S | SIGNATORE A | | ADDRESS | <u> </u> | 7 | 240. REC'D | BY REGIST | RAR 24b. PEGI | STRAR'S SIGI | NATURE I | 20.1114 |
| | Part ZII | Jul Ma | 7111 | 100 m | A. | - mil | | MAR 2 | '58 | 00 | CLEEL AL | |
| E | Mar In | me the | - m | 100 | MAN | 10 1/11 | DATE | | - 0 | ~ " " ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | |

ofter death. Page 4

may be retained by the haspital or attending physician.

O FUNERAL D. 1008: After this certificate has been signed by the attending physician and campletely filled in the function page 3 shauld a detached far use as the burial-transit permit. Then please-remave carbon papers. Pages 1 and 2 trinuld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO FUNERAL D

VS A15 (4) 15M 10/57



8261 IS AAM



03828

CERTIFICATE OF DEATH 3896

| 1 | 9061 | 1 | | Keg. | DIST. NO. |
|---|--|---|---|--|--|
| | 1. PLACE OF DEATH o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (When o. STATE Md. | re deceased lived. If institution, Resid b. COUNTY Wa | dence before admission) |
| | b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Hagerstown | c. LENGTH OF STAY IN 15 | | tside corporate limits, write RURAL on | nd give nearest town) |
| | d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Wash. Co. Hospital | reet oddress} | d. STREET ADDRESS / 109 Devons | hire Road | e. IS RESIDENCE ON A FARM? YES NO X |
| | 3. NAME OF First DECEASED (Type or print) Charle | Middle A | Jenkins lost | 4. DATE Month OF 3 | 3 Year 58 |
| | 9 1 2 2 | ARRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH Oct. 10, 1889 | 9, AGE (In years lost birthday) 68 yrs. | DER I YEAR IF UNDER 24 HRS. S Doys Hours Min. |
| | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | Fairchilds | | y, We Vae | CITIZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME unknown | | 14. MOTHER'S MAIDEN NA unk | n own | |
|) | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) YES (If yes, given or defends service) We W. T | | nformant rs. Myrtle V. | Address Jenkins Hagerst | own, Md. |
| | 18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), storing the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIO | Interval Between onset and Death 2 days Indefinit | | | |
| | PART II. OTHER SIGNIFICANT CONDITION Peripheral vascula 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ar disease DESCRIBE HOW INJURY OCCURREN | D. (Enter noture of injury in Po | ort I or Port II of item 18.} | PERFORMED? YES NO X |
| | 20c. TIME OF INJURY Month, Doy, Year X Hour e. m. | od. INJURY OCCURRED 20e. PL. hile Not while work of work | ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) | 20f. (City or town) | (County) (Stote) |
| | 21. I certify that I attended the decadive on March 3, 1 ACTUAL SIGNATURE PHYSICIAN'S B. B. Kneis | arch 3, 1958, that M, fram the causes and on DDRESS (Street, city or town, stote) Washington St wn, Md. | the date stated above. DATE SIGNED | | |
| | 220. BURIAL, CREMATION, REMOVAL (Specify) 3-6-58 | 22c. NAME OF CEMETERY O | | 22d. LOCATION (City, town, or county Hagerstown | (Stote) Md. |
| | 23. FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss Hagers | town, Md. | 24o. REC'D DATE | BY REGISTRAR 24b. REGISTRAR'S | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DESTOR: After this certificate has been signed by the attending physicion and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 22 bours after death. TO FUNERAL P

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 12

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| 8261 9 8VV | THE REAL PROPERTY. | Historia (e.) tren D. Str C. C. C no ar lis |
| DE CENAED | na na mana | |
| MINEGENVER | | To the second se |
| | | From Constant Landon Manarstone, 20. |

22d. LOCATION (City, town, or county)

246 REGISTRAR'S SIGNATURE Wheduck

Philadelphia

'58

240. REC'D BY REGISTRAR

DATE APR 3

03829

(Stote)

Penn.

| | 389 | 7 | CERTI | FICA | TE OF DEATH | | | Reg. Di | st, No. | 302 | |
|---|--|----------------------------|--------------------------|-------------|---|------------------------|------------------------------------|-----------|------------|----------|------------------------|
| . PLACE OF DEATH o. COUNTY | Washington | | MARY | LAND | 2. USUAL RESIDENCE (Whe | | lived. If institution b. COUNTY | | ingto | | on) |
| b. CITY OR TOWN | (If autside carporate limi | ts, write | c. LENGTH OF STAY | IN 16 | c. CITY OR TOWN (IF ou | tside corpor | ote limits, write R | URAL ond | give near | est town |) |
| Hagers | | | l year | | 03 Hagerstow | n | | | | | |
| OR INSTITUTION | ITAL (If not in hospital, glewood Road | | address) | | d. street address 3 Englewoo | d Roa | d | | e. | | DENCE FARM? NO A |
| NAME OF DECEASED (Type or print) | ANNA | sf | VIRGINIA | | N INGS | 4. DATE OF DEATH | March | th | 30 | | 9 58 |
| S. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRI | ED B | B. DATE OF BIRTH | | 9, AGE (In years lost birthdoy) | | R I YEAR I | - | - |
| Female | White | WIDOWI | DIVORCE | 0 0 | July 21, 1883 | | 7h yrs. | Months 8 | Doys | Hours | Min. |
| Oo. USUAL OCCUPATION during most of wor Housewife | rking life, even if retired | done 10b. | KIND OF BUSINESS C | R INDUS | TRY 11. BIRTHPLACE (Stole o Philadelph | | | | TIZEN OF | | COUNTRY? |
| 3. FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN NA | ME | | | 1 | | |
| Edw | ard M. Hunt | er | | | A | nnie | Ridgewa | У | | | |
| S. WAS DECEASED EVE (Yes, no. or unknown) | ER IN U. S. ARMED FOR (If yes, give war or dates of s | | social security no none | | · George Jenn | ings | Hager | | , Ma | ryla | nd |
| The second second second | ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o | - | re for (o) (b), and (c). | 1-2 | elisatie / | Lear | 1 2. | | | VAL BET | |
| Canditions, if | |) | z Con | yest | ita failure | حا | | | | / | |
| gove rise to cause (o), stating lying couse lost. | the under- | | (|) | | | | | | | |
| PART II. OT | THER SIGNIFICANT CON | DITIONS C | ONTRIBUTING TO DE | ATH BUT I | NOT RELATED TO THE TERMIN | IAL DISEASE | CONDITION GIV | EN IN PAR | | PERFOR | NUTOPSY RMED? |
| OR CONTRIBUTING | AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY C | CCURRED | . (Enter noture of injury in Po | ort I ar Port | II of item 18.) | | | | |
| 20c. TIME OF INJU Hour o. m. p. m. | RY Month, Doy, Ye | 20d. II While of wor | Not white | | CE OF INJURY (Home, form, lory, street, office bldg., etc.) | 20f. (City | or town) | (| County) | | (Stote) |
| 21. I certify to | hat I attended the | deceas | |) death | 5 , 195), to My accurred at 2:35/ | | | | | | deceased d abave. |
| ACTUAL SIGNATURE | De long | n | onerel | es | | | reet, city ar tawn, | | | | SIGNED |

OVE NSTE,

22c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

D FUNERAL DATETOR: After this certificate hos been signed by the ottending physicion and campletely filled in b page 3 should detached for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and the registror prior to buriol, cremotion, or removal, and in any event within 72 haurs ofter death. PHYSICIANS NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial

226. DATE THEREOF

4/3/1958

er Funeral Home Hagerstown, Md.

0

TO HOSPITAL OR moy be retained TO FUNERAL DA VS A1S (4) 1SM 9/SS

by the hospitol or attending physician.

e funeral director, nould be filed with

ė

00

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

| TO SECTION SERVICES | E OF DEATH | CERTIFICATE | | |
|---------------------|--|--------------------|----------------|-----------|
| god and any made | | | HE THE SECOND | |
| | The state of the s | rest of the second | 1 ಗುರ | |
| out the | and Control of | | best country | |
| 0.00 | Francisco | | | |
| | e | | | 5.15 |
| A.S. Calmertan | , 1 | | | COLUMN TO |
| weekly. | | | regard as Play | |
| | ABIT CARN BUZON | | | |
| | | | | |
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| | | | | |
| Mes Season | | | | |
| BUREAU K. | Enter with E. S. to Leave | | | |
| | Control of the later | | | ioma i Is |

| | 0000 | CERTIFICA | TIE OF DEATH | • | | Reg. Dist. | No. | 11131 |
|---|---|--|---|------------------------|------------------------------------|---------------|-------------|--------------------|
| o. COUNTY Wash: | ingten | MARYLAND | 2. USUAL RESIDENCE (WE STATE Maryland | here deceased | l lived. If institution b. COUNIX | ashin | 4 | usian) |
| RURAL and give | N (If outside corporate limits, we nearest town) PStown Md. | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If a | | | URAL and give | nearest low | m) |
| | SPITAL (If not in haspital, give s | street oddress) | d. STREET ADDRESS | 4 | than St | reet: | ON | SIDENCE A FARM? |
| 3. NAME OF DECEASED (Type or print) | First William | Middle Eugene | Lost Keets | 4. DATE OF DEATH | Mon | th | Day 23 | Year 19 58 |
| s. SEX | 1 | | B. DATE OF BIRTH | 1 | 9. AGE (In years | | | |
| Male | Colored wit | DOWED DIVORCED | July 1 19 | 930 | 27 yrs. | Months Do | ys Haurs | Min. |
| during most of v | working life, even if retired) | Janiter | Keedvsv: | | Md. | US. | N OF WHA | T COUNT |
| 3. FATHER'S NAME | | | 14 MOTHER'S MAIDEN N | | 0000 | 0.01 | | |
| Roy | Keets | | Lectie | Kee | t.a | | | |
| | EVER IN U. S. ARMED FORCES | 16. SOCIAL SECURITY NO. 17. II | NFORMANT | 1100 | - Addr | ·ess | | |
| [Yes, no, or unknown] | (If yes, give war or dates of service) | | iften Keets | 321 | | | C A | . 4 |
| 18. CAUSE OF I | DEATH [Enter only one couse : | | | 2 0~1 | 74 0 01% | athan | INTERVAL B | * |
| Conditions, is gave risk to cause (a), stoti | ng the under- | gengro | 7 | | | | je je | 7 |
| PART II. (| | ONS <u>CONTRIBUTING TO DEATH</u> BUT | NOT RELATED TO THE TERMI | INAL DISEASE | CONDITION GIV | EN IN PART 1 | PERF | AUTOPSY ORMED? |
| OR CONTRIBUTI | WAS UNDERLYING 1206. NG 12 CAUSE OF DEATH IFY MEDICAL EXAMINER) | . DESCRIBE HOW INJURY OCCURRED | D. (Enter nature of injury in | Part I or Part | II af item 18.) | | | |
| 20c. TIME OF IN. | m. / 10 | | ACE OF INJURY (Home, farm clory, street, affice bldg., etc | | or town) | (Cou | nly) | (Stole |
| 21. 1 certify alive an ACTUAL SIGNATUREPHYSICIAN'S | that I attended the declarate y 3 | ceased fram Missoli 1905, and that death | | | 1 the causes a reel, city or town, | | | |
| NAME (Type) | | 22c. NAME OF CEMETERY OF | R CREMATORY | 22d. LOCAT | ION (City, town, o | or county) | (Sto | ote) |
| Burial: | 3-26-195 | 8 Rese Will C | emeterv | Mager | ratewn | Mar yl | and | |
| 3. FUNERAL DIRECT | | DDDRESS | | D BY REGIST | | STRAICS SIGN | ATURE | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 e funeral director, nauld be filed with may be retained by the haspital or attending physician.

TO FUNERAL DESCRIPE: After this certificate has been signed by the attending physician and campletely filled in the page 3 shault. I detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death-VS A1S (4) 1SM 9/SS

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e funeral director, ould be filed with

after death. Page 4

requires that the death certificate be executed within 24 haurs

certificate has been signed by the attending physician and campletely filled in a as the burial-transit permit. Then please remove carban papers. Pages 1 and

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ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| | 3829 | CERTIFICA | ATE OF DEATH | 1 | | Reg. D | _ | |) T |
|--|---|------------------------------------|----------------------------------|------------------------|------------------------------------|-------------------|------------|---------------------|-------------------|
| 1. PLACE OF DEATH o. COUNTY | Washington | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE | | d lived. If instituti b. COUNTY | | | ore admiss | |
| | If outside corporate limits, write earest town) | c. LENGTH OF STAY IN 16 2 weeks | c. CITY OR TOWN (If or | | prote limits, write R | | | - | |
| _QR INSTITUTION | TAL (If not in haspital, give street ton County Ho | oddress) Ospital | | | | | | | FARMA NO |
| 3. NAME OF DECEASED (Type or print) | HARRY | NMN KE | RNS | 4. DATE OF DEATH | Marcl | | 13 | • | Yeor 19 58 |
| 5. SEX Male | White widow | | 8. DATE OF BIRTH May 26,188 | 6 | 9. AGE (In years lost birthday) | IF UNDE Months | Doys | Hours | R 24 HRS. Min. |
| Custodi | ON (Give kind af wark dane 10b. king life, even if retired) | KIND OF BUSINESS OR INDURE CONTROL | Bunker H: | or fareign c 111—I | Berkeley | | 7.7 | SA | COUNTRY |
| 13. FATHER'S NAME Reube | n Kerns | | 14. MOTHER'S MAIDEN N | | Talbot | | | 4 | |
| | (If yes, give wor or dates of service) | | Mrs. Marie | Cott | rill-Wil | | RFD msp | # 2 ort, | - |
| | ATH [Enter only one couse per KATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | right Prostation | Hypertryphy | , | | | | ERVAL BE SET AND | |
| Conditions, if of gove rise to it cause (o), stating lying cause lost. | mmediate (DISTO | inany Track | Infection can | usiny | Uraemi | y | 2 | nek | 2 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO 200/ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) | | | | | | | | | RMED? |
| \$ 20c TIME OF INJUR | Y Month Day Year 204 I | NUMBER 200 PL | ACE OF INITIDY INCHES | 206 10:4 | | | | | 454 4 4 |

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foctory, street, office bldg., etc.)

(Stote)

o. m.

21. I certify that I attended the deceased from

1958, that I last saw the deceased and that death accurred at 8 30 AM, from the causes and an the date stated above.

ACTUAL SIGNATURE

M. D.

Lusby.

Coffman-Hagerstown,

230 North Potomac

Maryland

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 220. BURIAL, CREMATION, 3-16-58

22c. NAME OF CEMETERY OR CREMATORY Cemetery Rose

22d. LOCATION (City, town, or county) Hagerstown,

St.-Hagerstown,

(State) Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

24c. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

may be retaine VS A15 (4) 15M 10/57

page 3 shau the registrar

CTOR:

BUREAU V. S.

8261 81 AAM

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| - | 2 | 0 | TO FUNERAL CACTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to buying. | lovnmen 10 |
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| | | 0.0 | 100 000 | AL EXAMINI | ER'S | CERTIF | FICAT | E OF | DEATH | Reg. Dist. N | (138 | 332 |
| | PLACE OF DEATH | 90 | | | | 2. USUAL RES | IDENCE (WI | here deceo | sed lived. If institu | tion: Residence be | fore adm | ission) |
| | o. COUNTY | Washingto | n | MARY | LAND | o. STATE | Md. | | b. COUNT | Washir | gton | |
| 1 | b. CITY OR TOWN and give nearest tow | (If outside corporate limits, | write RURAL | c. LENGTH OF STAY I | N 1b | c. CITY OR | TOWN (IF | outside cor | porole limits, write | RURAL and give | neorest to | wn) |
| | | the same of the same of the same | ural | 7 mos. | | X | Hagers | stown | | | | |
| (| | | (If not in | hospital, give street oddress | 1) | d. STREET A | | | | | e, IS R | ESIDENCE A FARM? |
| | Rous | te 6 | | | Z bi | | Route | 6 | | | | NO |
| 3. | NAME OF DECEASED | | First | Middle | | Last | | 4. DATE | Month | Day | | fear |
| | (Type or print) | Gar | nett | Lynn | K | inslow | | OF DEATH | 3 | 13 | | 958 |
| 5. 5 | SEX | 6. COLOR OR RAC | E 7. MA | RRIED NEVER MARRIED | 8 | DATE OF BIRTH | | | 9. AGE (In years | IF UNDER TYEAR | | ER 24 HRS. |
| | female | white | WIDO | WED DIVORCED | | Aug. 7. | 1957 | | lost birthday} | Months Days | Hours | Min. |
| 00 | . USUAL OCCUPAT | ION (Give kind of wo | rk done 10 | . KIND OF BUSINESS OR I | NDUST | RY 11. BIRTHPL | ACE (Stote o | r foreign | country) | 12. CITIZEN C | F WHAT | COUNTRY? |
| | inf | | " | infant | | | rstown | | | U.S.A | | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | | | | | | |
| | Clvc | de Kinslow | | | | | Hjordi | is To | hnson | | | |
| | | VER IN U. S. ARMED | | 16. SOCIAL SECURITY NO. | 17. 18 | NFORMANT | | | Address | 1=1=1=1 | | |
| 1 40 | no | (If yes, give war or dates | or service) | none | Cl | vde Kin | slow | Hag | erstown, | Md. Re | | |
| | 18. CAUSE OF DE | ATH [Enter only one | couse per li | ne for (o), (b), and (c).] | | | | | | | RVAL BETW | EEN |
| | PART I. DE | ATH WAS CAUSED BY | | Bilateral | 10 | huler nr | elimon | ie | | ON | ET AND DE | ATH |
| | 401.0 | DUE T | | Bilateral | | | IC CLILOTI | - A- CA | | | | |
| | Conditions, if | | (b) | Acute sup | | | ricer | diti | | | | |
| | gove rise to imme | ediate cause | | ACU GE BUP | pul | GOTAC PO | 21 1 001 | 41 011 | | | | |
| | (o), stoling the couse lost. | Underlying | (c) | | | | | | | | | |
| Z | PART II. OT | THER SIGNIFICANT CO | | CONTRIBUTING TO DEATH | BUTN | OT RELATED TO | THE TERMIN | IAL DISEAS | E CONDITION GIV | EN IN PART 1(a) | 19. WAS | AUTOPSY |
| Y | | No | ne | | | | | | | | YES DO | NO T |
| TE | 20a. EXTERNAL CA | AUSE WAS | 20b. DESC | RIBE HOW INJURY OCCUR | RED. (E | nler noture of in | jury in Port | or Port II | of ilem 18.) | | | |
| E E | PRIMARY OF CO | none | | none | | | | | | | | |
| 3 | 20c. TIME OF INJU | URY Month, Day, | rear 20 | d. INJURY OCCURRED 20 | e. PLAC | CE OF INJURY (H | lome, form, | 20f. (City | y or town) | (County) | | (Stote) |
| MED | Hour o. m. | none. | | hile Not while work (X) | facto | ory, street, office | bidg., etc.) | | - | - | - | |
| | 21. I certify t | that I taak char | | e remains described | aba | ve. held an | Autapsy | [X]. I | nspection X, | Inquiry [| and | find that |
| | | | | DC, Accident , | | | amicide | | ndetermined c | | , and | THIC THAT |
| | | | 1 | | 0011 | | amiciac | П, о | ingerer inities e | dosc <u> </u> | | |
| | ACTUAL | 1 19 olesi | y W | eells | | CHIEF M | EDICAL EXA | MINER | 14.76 | | DATE | SIGNED |
| | SIGNATURE | | | | | M.D. | NT MEDICAL | _ | | 7 7 1 | E 0 | |
| | EXAMINER'S NAME (Type) | S. Re | obert | Wells, M.D. | | | MEDICAL EX | | _ | 3-14- | 90 | |
| 20 | BURIAL, CREMATI | ON, 22b. DATE THER | EOF | 22c. NAME OF CEMETE | RY OR | CREMATORY | | 22d. LOCA | TION (City, town, o | r county) | (Sto | (e) |
| | REMOVAL (Specify burial | " 3-15- | 58 | Rose | Hil | 1 | | Hag | erstown | M | d. | |
| 23. | FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | | | 24a. REC'D | | | TRAR'S SIGNATU | | |
| r | red W. Kra | aiss Hage | ersto | m, Md. | | | DATE M | AR 1 7 | '58 CU | Herri | | |
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VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

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| | 3 | 830 | CERTIFI | CATI | OF DEAT | Н | | Reg. Dist. N | . 302 |
|--|---|------------------|----------------------------------|------------------------|---|-----------------------------------|----------------------------------|------------------|--|
| 1. PLACE OF DEATH a. COUNTY | ashington | | MARYLA | | USUAL RESIDENCE (Wo. STATE Mary) | | red. If institution b. COUNTY | n: Residence bef | · · · |
| b. CITY OR TOWN (IF RURAL and give no Hagerston | outside carporote lim arest tawn) | its, write c | ELENGTH OF STAY IN | | c. CITY OR TOWN (IF | autside corporate | limits, write RU | RAL and give n | earest lown) |
| d. NAME OF HOSPITA OR INSTITUTION Washingto | on County | | dress) | 1 | d. STREET ADDRESS 203 East F1 | | Street | | e. IS RESIDENCE ON A FARM? YES NO TO |
| 3. NAME OF DECEASED (Type or print) | | rst | Middle Mundore | | lost (retzer | 4. DATE OF | Month March | 7 | 19 58 |
| 5. SEX | | 1000 | NEVER MARRIED | | TE OF BIRTH | 9. | last birthday) | Mapths Days | R IF UNDER 24 HRS |
| emale | White | WIDOWED | <u> </u> | | ctober 31, | 1882 | 75 yrs. | 4 6 | |
| Oa. USUAL OCCUPATIO during most of work | N (Give kind of wark ing life, even if retired | dane 10b. Kli | ND OF BUSINESS OR H | NDUSTRY | 11. BIRTHPLACE (Stote | or foreign count | ry) | 12. CITIZEN | OF WHAT COUNT |
| Kitchen Wo | _ | | straunt | | Indian Sp | oring. M | d. | U.S. | .A. |
| 3. FATHER'S NAME | | | | 14 | MOTHER'S MAIDEN | | - | | |
| Tol | hn D. Grove | | | | Anna Penr | non | | | |
| 5. WAS DECEASED EVER | | | CIAL SECURITY NO. | 17. INFOR | | ilet | Addre | 151 | |
| (Yes, no. or unknown) | If yes, give wor or dates of | service) 97 | 2-24-5775 | Marc | Milderd H | Samos | Hagerst | orm Md | |
| | TH [Enter only one co | | | 1120 | a residence of the | 3427100 | IME CI DO | | TERVAL BETWEEN |
| PART I. DEAT | TH WAS CAUSED BY: IMMEDIATE CAUSE (c | <u> </u> | erebral | The | Les, osci | 0 | , | . | 2 gays |
| Conditions, if an gave rise to in cause (0), stating the lying cause last. | nmediate (| - | moral | an | ar, ma | Ceros | | | T |
| PART II. OTH | ER SIGNIFICANT CON | IDITIONS CO | NTRIBUTING TO DEATH | BUT NOT | RELATED TO THE TERM | AINAL DISEASE C | ONDITION GIVE | N IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING | S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) | 206. DESCR | IBE HOW INJURY OCCU | JRRED. (Er | ter noture of injury in | Part I ar Part II | of item 18.) | | |
| 20c. TIME OF INJURY Haur a.m. p. m. | Y Month, Day, Ye | While of work | _ Not while | e. PLACE (factory, | OF INJURY (Home, fare street, affice bldg., et | m, 20f. (City or c.) | lown) | (County | (State |
| 21. I certify the alive an NC | at lattended the | deceased 19 5 | | eath acc | 1957, to 32 curred at 6 37 | March D.M. fram t ADDRESS ISING | | nd an the d | taw the decease ate stated aba DATE SIGN |
| PHYSICIAN'S NAME (Type) | PAUL HM | trri. | | | Stager | s ma | , me | | |
| 220. BURIAL, CREMATION REMOVAL (Specify) BURIAL | 3/10/19 | 58 | 22c. NAME OF CEMETER Parkhead | | | Park H | ead Leve | - | (Stote) Md. |
| Suter-Rouze | er Juneral | Home | ADDRESS Hagerstown, | Md. | 24a. REC | D BY REGISTRAS | 3 246 RECTIST | IRAR'S SIGNATI | J.K. |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFI

| | writing its | 22021 |
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| CATE | OF DEATH | 03834 |

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral plactor. Page 4 should be it preded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained fourtilles.

TO FUNERAL EXCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bourd of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

| | 3831 | | | | | | Reg. Dist. No | |
|---|--|---------------------|-------------------------|---|-------------------------------------|---|--------------------|--------------------------------|
| 1. PLACE OF DEATH | | | | | NCE (Where deceas | ed lived. If institut | ion: Residence bef | ore admission) |
| . COUNTY | Washington | 1 | MARYLAN | o. STATE Ma | ryland | b. COUNTY | Washing | ton |
| | outside corporate limits, write | | c. LENGTH OF STAY IN 1 | | WN (If outside car | parate limits, write | | |
| and give nearest town | | | 5 years | 03 | Hagerstow | n | | |
| | AL OR INSTITUTION (IF | not in hospi | | d. STREET ADD | - | | | e. IS RESIDENCE |
| | anklin Stree | | | | • Frankli | n Street | | YES NO |
| 3. NAME OF DECEASED (Type or print) | Robert | | Middle Edward | Marshall | 4. DATE OF DEATH | Month March | | Year 19 58 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED | NEVER MARRIED DIVORCED | 8. DATE OF BIRTH December | 29,1889 | 9. AGE (In years lost birthday) 68 yrs. | Months Day | IF UNDER 24 HPS. Hours Min. |
| 100. USUAL OCCUPATION during most of working Production | ON (Give kind of work dog life, even if refired) On Worker | one 10b. Kir Aut | NO OF BUSINESS OR INDE | STRY 11. BIRTHPLACE | (State or foreign of gerstown, | | | F WHAT COUNTRY |
| 13. FATHER'S NAME John | Henry Mars | hall | | 14. MOTHER'S MA | aret Will | iar | | |
| 15. WAS DECEASED EVI | the state of the s | CES? 16. So | OCIAL SECURITY NO. 17 | Mrs. Mabel | Marshall | Address - Hagers | stown. Ms | ryland |
| | m. (c.) | 100 | | | | | | |
| | TH [Enter only one caus TH WAS CAUSED BY: | | | | | | ONSE | EVAL BETWEEN |
| Dec 100 100 100 100 100 100 100 100 100 10 | IMMEDIATE CAUSE (a) | Asph | nyxia due to | inhalation | of smoke | fumes | | |
| 916,0 | DUE TO | 2nd | & 3rd degree | burns (he | at) to fa | ce & ext | remities | |
| Conditions, if a | | | and /U/ | or body | | | | |
| gave rise to immed (a), stating the | | | | | | | | |
| couse last. | (c)_ | | | | | | | |
| Z PART II. OTH | IER SIGNIFICANT COND | HTIONS CON | TRIBUTING TO DEATH BU | T NOT RELATED TO THE | E TERMINAL DISEAS | E CONDITION GIVE | EN IN PART I(o) | |
| N. T. | NT. | | | | | | , | PERFORMED? |
| 20g EXTERNAL CAL | | ne DESCRIBE | HOW INJURY OCCURRED | (Fater nature of injury | in Part Lor Part II | of item 10.) | 1. | LO LO |
| PART II. OTH | | 8 | Suffocated in | fire in h | is room a | t rooming | g house | |
| 20c. TIME OF INJUI | | 20d. IN | IJURY OCCURRED 20e. P | LACE OF INJURY (Homoclory, street, office bld | ne, form, i 20f. (City | or town) | (County) | (State) |
| 12:30 XXXX | Mar. 25195 | 8 of work | Not while of | Home | He | gerstown | Wash | Md |
| | | of the re | emoins described of | ove, held on A | utopsy 📆, Ir | spection 30. | Inquiry | and in my |
| | | | auses [], Acciden | |], Hamicide | _ | | |
| ACTUAL SIGNATURE | Rober | Tw | ella | M.D. CHIEF MEDI | ICAL EXAMINER | | | DATE SIGNED |
| EXAMINER'S NAME (Type) | S. Rob | ert We | ells, M.D. | | MEDICAL EXAMINE DICAL EXAMINER | M | arch 2515 | 58 |
| 220. BURIAL, CREMATIO | N, 22b. DATE THEREOI | F 2 | 22c. NAME OF CEMETERY | OR CREMATORY | 22d. LOCA | TION (City, town, o | r county) | (Store) |
| Burial | 3-27-58 | | Rose Hill | Demetery | Ha | gerstown | Md | |
| 23. FUNERAL DIRECTOR | s signature uzer Funera | 1 Home | e Hagerst | 240 | o. REC'D BY REGIST ATEMAR 3 1 '5 | RAR 24b. REGIS | TRAR'S SIGNATUR | RE |
| 1. Own | 3 | | | | | " TUS | -educh | |

ST THE MINUTES HAVE THE REPORT OF HE ALTHER CHAPTER ME. IS MEDICAL EXAMINED PRESTRICATE OF DEATH

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| Page 4 should be | / | burial cremation, | |
| in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be | with form PM3. Page 5 may be retained for your files. | ransit permit. File pages I and 2 with the registrar prior buriel, cremotian, | |

| MARYLAND | STATE | DEPARTM | ENT OF | HEALTH- | -BALTIMO | RE, 18 |
|----------|-------|---------|--------|----------------|----------|--------|
| MEDIC | AL EX | AMINER' | S CERT | IFICATE | OF DEAT | IH . |

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| | 2022 | | | | | | | Key, Dist. | 140. | |
|--|--|----------------------------------|--------------|----------------------------|----------------|------------------------|---------------------------|-----------------|-----------------------|---------------|
| PLACE OF DEATH | 0000 | | | 2. USUAL R | ESIDENCE (W | here decess | ed lived. If Institu | tion: Residence | before ad | mission) |
| a. COUNTY Was | shington | | MARYLAND | o. STATE | Mary | land | b. COUNT | Y Was | shing | ton |
| b. CITY OR TOWN (and give nearest town | (If outside corporate limits, write RUR ra) Hagerstown | c. LENGTH OF | STAY IN 1b | c. CITY C | | outside corp | oorote limits, write | RURAL ond giv | re nearest (| lown) |
| | ITAL OR INSTITUTION (If no | in hospital, give street o | oddress) | d. STREET | ADDRESS | | | | e. IS | RESIDENCE |
| | shington Coun | | | / | Conoc | ochea | gue St. | | | NO [|
| 3. NAME OF DECEASED (Type or print) | First Charles | Mid Wi | dle 11iam | | les | 4. DATE OF DEATH | March | 1 | ogy 3 | Year 19 58 |
| S. SEX | 6. COLOR OR RACE 7. | | | | | | 9. AGE (In years | IF UNDER TYE | | |
| Male | MITTE | _ | RCED 🔲 | | 22, 19 | | lost birthday) 22 yrs. | Months 18 | rs Hours | Mln. |
| | ION (Give kind of work done king life, even if retired) | Baltimore Bible Sch | | | ryland | | ountry) | IISA | OF WHA | T COUNTRY |
| 13. FATHER'S NAME | | DIOIS DES | | 14. MOTHER | V. | | | | | |
| Pow | Vermon Miles | | | Mary | Ream | | | | | |
| HOV. | Vernon Miles | 16. SOCIAL SECURIT | Y NO. 17. II | NFORMANT | Dom | | Address | | | |
| (Yes, no, or unknown) NO | (If yes, give war or dates of service NO | 217 34 46 | | | on Mil | es, W | illiamsp | ort, Md | • | |
| 18. CAUSE OF DE | ATH [Enter only one cause p | er line for (a), (b), and (| c).] | | | | | | INTERVAL BET | WEEN |
| PART I. DE | ATH WAS CAUSED BY: | Fractu | red Ski | 111 (C) | osed) | crus | hed ster | num; | 011321 7110 1 | 201111 |
| 816x | IMMEDIATE CAUSE (o) | | | | | | rrhage a | | k | |
| | DUE TO | Mult | ipre i | racture | : IIDD | , пеше | TIME C | | | |
| Canditions, if | | | | | | | | | | |
| (o), stoting the | | | | | | | | | | |
| couse lost. |) (c) | | | | | | | | 1 | |
| PART II. O | THER SIGNIFICANT CONDITION | | DEATH BUT N | NOT RELATED T | O THE TERM | INALDISEAS | E CONDITION GI | VEN IN PART 1(| 19. WA PERI YES | FORMED? |
| PART II. O | AUSE WAS ONTRIBUTING D | escribe how injury of seenger in | auto t | nter nature of hat sk: | injury in Port | on hig | thway and | crashe | d int | 60 |
| \$ 20c. TIME OF INJ | URY Month, Day, Year | 20d. INJURY OCCURRI | ED 20e. PLA | CE OF INJURY | (Home, form | 20f. (City | | (County | | (State) |
| 7:20 p.m | Mar.13 1958 | While Not while of work | o focto | ory, street, offi ghway | ce bldg., etc. | F | lagerstow | n Wes | h. I | 1d • |
| 21. I certify | that I took charge of | the remains desc | ribed abo | ve, held a | n Autops | y 🔲, I | nspection X | , Inquiry | , and | find the |
| | ed from: Natural cau | | | | | | ndetermined | cause . | | |
| ACTUAL SIGNATURE | 8, Robert | - mell. | 7 | _M.D. CHIEF | MEDICAL EX | CAMINER | | | DATI | E SIGNED |
| | | | | ASSIS | TANT MEDIC | AL EXAMINE | ER 🗍 | | | |
| EXAMINER'S NAME (Type) | S. Robert W | ells, MD | | DEPU | TY MEDICAL | | | | h 14, | 1958 |
| 220. BURIAL, CREMAT REMOVAL (Specif | ION, 22b. DATE THEREOF | 22c. NAME OF | CEMETERY OR | CREMATORY | | 22d. LOCA | TION (City, tawn, | or county) | (Si | tate) |
| Buriel | March 16.1 | 958 Greenla | wn Cem | etery | | Will | iamsport | , Md. | | |
| 23. FUNERAL DIRECTO | | ADDRESS | | | 24a. REC' | D BY REGIS | 1 | STRAR'S SIGN | ATURE | I D B |
| TALL W T | loof 7 Church | St. Willi | amsnor | t. Md. | APR | 1 1 158 | (doo) | . 1 | | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VIED 399

22c. NAME OF CEMETERY OR CREMATORY

Harpers Ferry,

Manor Cemetery

22d. LOCATION (City, tawn, or county)

24g. REC'D BY REGISTRAR

DATE MAR 2

Samples Manor - Md

246. REGISTRAR'S SIGNATURE

(Stole)

death.

offer

havrs

retained

22a. BURIAL, CREMATION.

REMOVAL (Specify) Birial

28. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

CERTIFICATE OF DEATH.

| mot n team | harviend ** | augus | armineton | |
|---------------|--|----------------------------|--|-------------------------|
| | Pleasactville | . 25 7 27 | o Evila | flones: |
| | Korgan Pines Road | | conmitted | |
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| Geo Geo | Pleasantville, Md. | enta becaria | lerr | inon Ec |
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| 8281. 88 AAM. | | | C. E. Priit | |
| 12 A MAGE | delamos vastamos a | | 8/1.2/2 | |

executed within 24 hours ofter death. Page 4

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ATTENDING PHYSICIAN: The law requires that the death certificate

by

After this certificate has been signed

TOR

VS A15 (4) 15M 9/55

to burial, cremation, ar remaval, and

the registrar prior TO FUNERAL DIFFE PAGE 3 should TO HOSPITAL OR

detached for use as the burial-transit

by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

| | 3879 CERTIFICATE OF DEATH | | | | | | | | | 38 |
|--------------|---|--|--------------|-------------------------|--|------------------------|---|-----------|---------------------------|-------------------|
| (M) | 1. PLACE OF DEATH o. COUNTY We | shington | | MARYLAND | 2. USUAL RESIDENCE (Who STATE Maryland | ere deceased | l lived. If institution b. COUNTY | | before odmission | |
| | b. CITY OR TOWN (If RURAL ond give no Rural Big | outside corporate limits, arest town? POOL Md. | write c. | Life | X Rural Bi | | ote limits, write RI | | nearest town) | |
| 00 | d. NAME OF HOSPITA OR INSTITUTION | AL (If not in hospitol, give | street odd | ress) | d. STREET ADDRESS Rural Big Pool Md. | | | | e. IS RESI ON A YES | |
| | 3. NAME OF DECEASED (Type or print) | Albert | | Middle C | Mills | 4. DATE OF DEATH | Mont | h | | 9 58 |
| | 5. SEX | | MARRIED | | 8. DATE OF BIRTH June 7. 1894 | | 9. AGE (In years last birthdoy) 63 yrs. | Months Do | EAR IF UNDER | R 24 HRS. Min. |
| 1 | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Labor | | | Labor | Washingto | | | | U.S.A. | |
| s ofter | 13. FATHER'S NAME | Mills | | Anna Manning | | | | | | |
| 72 hou | 1S. WAS DECEASED EVER (Yes. no. or unknown) | IN U. S. ARMED FORCE: If yes, give wor or dates of service NO | | NFORMANT Sallie Mill | ls Bi | Addr g Pool | | | | |
| event within | PART I. DEAT | TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) | e per line f | or (o), (b), ond (s).] | mary & | Emi | loliss | n | INTERVAL BET | |
| ony o | Conditions, if on gove rise to in | | | | | | | | | |

couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 0. 11.

p. m.

20d. INJURY OCCURRED While Not while ot work at work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

(County)

(Stote)

WAS AUTOPSY PERFORMED?

YES NO

21. I certify that I attended the deceased

at

that I last saw the deceased

CERTIFICATION

MEDICAL

0

that death occurred

M from the causes and on the date stated above.

ACTUAL

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OF CHEMATORY U.B. ark

22d. LOCATION (City, town, or county) Washington 00]

(Stote) Md

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

8381 & BdV

03839 Reg. Dist. No.

| 1. PLACE OF DEATH 6. COUNTY Was | hington | | MAI | RYLAND | 2. USUAL RESIDENCE (MARYLAND | /here deceased | b. COUNTY | on: Residence | before adn | nission) |
|--|--|-----------------------------|------------------------------------|-------------------|---|------------------------|------------------------------------|-------------------|------------|----------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eagers town Ma. | | | | | c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Tagerstown Marvland | | | | | |
| The second secon | ITAL (If not in hospital, gi | ve street | | ca, | d. STREET ADDRESS | MI III | irviani. | | le IS I | RESIDENCE |
| or institution 132 William Ave. | | | | / 132 William Ave | | | | ON A FARM? YES NO | | |
| 3. NAME OF DECEASED (Type or print) | Firs Patay | | Amelia | | lost Mi ner | 4. DATE OF DEATH | Mar et | | Day 3 | Yeor 19 58 |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | RIED NEVER MAR | RIED 🗌 | B. DATE OF BIRTH | | 9. AGE (In years lost birthday) | IF UNDER 1 Y | | |
| Female | Colored | WIDOWE | ED DIVOR | CED [| June 6 189 | 94 | 63 yrs. | Months De | ays Hou | rs Min. |
| during most of wo | ON (Give kind of work d rking life, even if retired) reman | - | KIND OF BUSINESS | OR INDU | STRY 11. BIRTHPLACE (SIGN | e or foreign co | | USA | | AT COUNTRY? |
| 13. FATHER'S NAME Albert | Therten | | | | 14. MOTHER'S MAIDEN | NAME | I Ju | mer | 4 | |
| 15. WAS DECEASED EV | ER IN U. S. ARMED FORC | | SOCIAL SECURITY N | 10. 17. 1 | INFORMANT | | Addi | ess | | |
| ne | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | 7-09-99 | 51 C | harles Tur | ner V | Villiams | port | 164. | |
| | ATH [Enter only one cou ATH WAS CAUSED BY: | se per lir | ne for (a). (b). and (c | al al | Hement | re | | | | BETWEEN ND DEATH |
| 331x | IMMEDIATE CAUSE (0) | | 1 tylyte | nou | n - a | 2 0 | e, e | | yea | rs |
| gove rise to couse (o), stoting | immediate (| | ONYM | n | John 10 | | V | | | rs. |
| lying couse lost | (c) | | Counc | ul | y journe | er in | | | | |
| PART II. OT | THER SIGNIFICANT CONE | ITIONS C | CONTRIBUTING TO D | EATH BUT | I NOT RELATED TO THE TERM | MINAL DISEAS | E CONDITION GIV | EN IN PART 1 | PER | S AUTOPSY FORMED? |
| | AS UNDERLYING COME CAUSE OF DEATH OF MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY | OCCURRE | D. (Enter noture of injury in | Port I or Port | II of item 18.) | | | |
| 20c. TIME OF INJU Hour o. m. p. m. | RY Month, Doy, Yea | 20d. It White of work | NJURY OCCURRED Not while of work | 20e. PL fo | ACE OF INJURY (Home, far ictory, street, office bldg., et | m, 20f. (City | or town) | (Cou | inty) | (Stole) |
| alive an | warch ared the Warch ared hillip J. Hi: | 2,50 · | 58 , and the | | th., 19.53, to 1 occurred at 8 | AM, from | n the causes a | nd an the | date st | DATE SIGNED |
| 220. BURIAL, CREMATIO | | | 22c. NAME OF CE | METERY | OR CREMATORY | 224 1004 | ION (City, town, o | | | |
| REMOVAL (Specify | | | Rose To | 111 | Cemetery | - | | ar vla | | tote) |
| 23. FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | 1 | CONTRACTOR OF THE PARTY OF THE | D BY REGIST | | TRAR'S SIGN | | |
| John K | Walson | 20 | Nager | MA | WILL THO DATE | | 10. | 1 . | 7 | |
| | and the second of the second | | | | | MARIO | 20 000 | or mile | | |

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MAR 24 1958

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e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

YES NOCOS

Yeor

| | L | 3837 CERTIFICATE OF DEATH | Reg. Dist. No. 302 |
|----|---------|--|--|
| 開 | 1 | Washington Maryland Maryland | deceased lived. If institution: Residence before admission of Shin toon |
| | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagers town C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 3 Hrs 3 Hagers to | de corporate limits, write RURAL and give nearest town) |
| 81 | | d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION | ne Road e. IS RESII |
| | 3. | 111111 01 | DATE Month Doy You DEATH March 2 1958 |
| | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED April 22 10 | 9. AGE (In years IF UNDER 1 YEAR IF UNDER lost birthdoy) Months Doys Hours |
| | 10 | 0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or for the stole of the stole of the stole or for the stole of th | |
| | 13. | Asst. Cashier Second Natl Bank Hagerstown 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME | E |
| | 15 | Harry K. Mumma Sr. Alice Cl S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, og. of unknown) (If yes, give wer or dotes of service) | Address |
| 1 | - | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Hagerstown | mma 3 Woodbine Rd |
| | | PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) AMYO + rophic Lateral Sclen | osio interval Bethonser and c |
| | | Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under</u> . | |
| 0 | CATION | lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL | PERFOR |
| | CERTIF | 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | f or Port II of item 18.) |
| | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Ot work of | Of. (City or town) (County) |
| | | alive on 1 Max, 1958, and that death accurred at 12120 M | A, fram the causes and on the date stated RESS (Street, city or town, state) DAT |
| 1 | | SIGNATURE J J Juply M.D. 230 NP 1-4 | muc 2 Mi |
| | 20. | PHYSICIAN'S F.F.LUSBY Hagestu | ns My |
| | | Burial 3/4/58 Rest Haven Cemetery Ha | LOCATION (City, fown, or county) (Stote) gerstown Wash. Co Md. |
| | | | REGISTRAR 24b. REGISTRAR'S SIGNATURE |

stown Wash. USA IDEN NAME Clevidence Munma 3 Woodbine Rd town Md. INTERVAL BETWEEN ONSET AND DEATH ETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH ury in Port I or Port II of item 18.) e, form, 20f. (City or town) (County) (Stote) g., etc.) 195 8, that I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Hagerstown Wash. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 6





8381 9 8AM



VS A15 (4) 15M 9/55

HOSPITAL

BUREAU V. Z. W8 54 1958

03843

CERTIFICATE OF DEATH

| | | 65.1 | CERTII | ICAI | E OF DEA | III | | Reg. D | ist. No | . 302 | , |
|---|---|--------------------------------|-----------------------|------------|--|------------------------|------------------------------------|------------|-----------|-----------|----------------------------|
| | ashington | | MARYL | | USUAL RESIDENCE (o. STATE Mar | where deceased yland | d lived. If instituti b. COUNTY | on: Reside | ence befo | | usion) |
| RURAL and give | | its, write | c. LENGTH OF STAY I | N 1b | c. CITY OR TOWN (| 111234 | rate limits, write R | URAL ond | give ne | arest tow | n) |
| Hagersto | | | life | 0 | | stown | | | | | |
| OR INSTITUTIO | SPITAL (If not in hospitol, on Summit Ave. | | address) | 1 | d. STREET ADDRESS | it Ave. | | | | ON | SIDENCE A FARM? NO 3 |
| 3. NAME OF DECEASED (Type or print) | BESSIE | rsl | Middle ELIZABETH | | Lost NEWCOMER | 4. DATE OF DEATH | March | ith | 2 | 6 | Year 19 58 |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIE | D B. D | ATE OF BIRTH | | 9. AGE (In years | IF UNDE | RIYEAR | IF UND | ER 24 HRS. |
| Female | White | WIDOWE | DIVORCED | 0 | ctober 14, | | 78 yrs. | Months | 15, | Hours | Min. |
| during most of w | ATION (Give kind of work vorking life, even if retired | done 10b. | KIND OF BUSINESS OF | NDUSTRY | Hagersto | | | 12. C | | | T COUNTRY |
| 3. FATHER'S NAME | , N 1 1 0 | | | - In | MOTHER'S MAIDEN | | yrand | | U. | S.A. | |
| | Calvin Borne | 9 | | | | | Boward | | | | |
| 15. WAS DECEASEDE | VER IN U. S. ARMED FOR | service) | SOCIAL SECURITY NO. | 17. INFO | RMANT S. Corrine | | Add | | | Ma | |
| no | | | none | LITTS | S. COLLTHE | Newcon | ier uage | rsto | WILL | rice. | |
| Conditions, if gave rise to cause (a), statillying cause la | immediate DUE TO | AY | terio sclin | rtu/ | teast disc | ear | | | 10 | 1 da | 7 |
| CATE | OTHER SIGNIFICANT CON | IDITIONS C | ONTRIBUTING TO DEA | TH BUT NO | RELATED TO THE TER | RMINAL DISEAS | E CONDITION GIV | EN IN PA | RT 1(a) | PERFO | AUTOPSY DRMED? |
| | WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY OC | CURRED. (E | nter noture of injury | in Part I or Part | I If of item 18.) | | | | |
| 20c. TIME OF INJ Hour a. n p. n | n. 10 | ar 20d. IN While at work | Not while | | OF INJURY IHome, fo , street, office bldg., | | or town) | | (County) | | (State) |
| 7% | that I attended the | - | | | ., 1947 to | 16 Mar | | | | | decease |
| ACTUAL SIGNATURE | FA In | 3.123 1sb | ond that | death oc | 2307 | | the causes of the town, | | the da | | ATE SIGNE |
| PHYSICIAN'S NAME (Type) | FF. Lus | by | / | | Hane | sitno | MI | | | | |
| 220. BURIAL, CREMAT REMOVAL (Speci Burial | | 58 | Rose Hil | | | | cion (City, town, cerstown, | | | (Sto | le) |
| 23. FUNEFAL DIRECTO | ors signature juzer Funera | l Hom | e ADDRESS Hagersto | vm. M | 3 | EC'D BY REGIST | RAR 24b. REGI | STRAR'S S | IGNATU | RE | |

e funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion.

D FUNERAL PACTOR: After this certificate has been signed by the ottending physicion and completely filled in tagged 3 should detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours affer death. TO HOSPITAL OR A moy be retained b VS A15 (4) 15M 9/55

glosell-bridge STATE AT THE STATE OF ne cos mais i in the same of the * * * * C° - C° SHALL PROCESS AND ADDRESS OF THE PARTY OF TH in . Boring Color to Colors , and the second of the second BUREAU V. E. 8261 IS AAM

03844

3880 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY a. STATE b. COUNTY MARYLAND WASHINGTON MARYT AND WASHINGTON b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FUNKSTOWN YEARS FUNKSTOWN d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 10 WEST WEST YES NO BALTIMORE STREET BALTIMORE NAME OF First Middle 4. DATE Lost Manth Dev Year DECEASED (Type ar print) WILLTAM DEATH NICODEMUS MARCH 20 1958 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs MALE WHITE WIDOWED T DIVORCED [20 yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY PARTS CLERK FAITRCHILD KEEDYSVILLE WASH.CO.MD.U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB E.NICODEMUS ROSA SPRINGER IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO MRS. MAE NICODEMUS 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular Collapse min Congestive failure Myocardial DUE TO yrs. Conditions, if ony, which gave rise to immediate Arteriosclerotic disease. DUE TO yrs. couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? Hypertensive cardiovascular dis. YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Port II af item 18.) MEDICAL 20c. TIME OF INJURY Month. Doy, 20d. INJURY OCCURRED Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) House o. m. While Nat while p. m at wark ot work 21. I certify that I attended the deceased from 19 that I last saw the deceased and that death accurred at M from the causes and on the date stated above ADDRESS (Street ity or fown, staff DATE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, tawn, or county (Stote) REMOVAL (Specify) BURTAT 1958BOONSBORO MARCH 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 2 6

DATE

director filed era P = filled campletely papers. puo carban offer physician hours remove 72 ottending ā py duy permit. gned pup been si burial-transit has this certificate USe detoched by III. RAL I registrar may be 15M 10/57

VS A15 (4)

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Rea, Dist. No. 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY SHINGTON b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
AGERSTOWN EMMITS d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION WESTERN ON A FARM? CSPHA YES NO I NAME OF DECEASED 4. DATE Month Yeor PETERS BERNARD FRANCIS MARCH (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MAKING CEMENT MAKER EMMITS BURG MARYLAND 13. FATHER'S NAME PETERS JOHN LENA KREIT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ONE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BILATERAL CONFLUEN DUE TO ARCINOMA OF FLOOR OF Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (Caunty) foctory, street, office bldg., etc.) o. m. While Nat while of work of work 1958, that I last saw the deceased 21. I certify that I attended the deceased fram, ADDRESS (Street, city or town, state) 3/4/ **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town. (State) REMOVAL (Specify) 240. REC'D BY REGISTRAR 246. REGISTRAR'S STGNATURE

with filed PIO 2 requires that the death certificate attending please 3 shoul TO HOSPITAL TO FUNERAL page VS A1S (4) 15M 9/SS MARYLAMO STATE DEPARTMENT OF HEALTH-DALIMORE, IS

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he funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2010

CEPTIFICATE OF DEATH

03847

| | 506 | 16 | CEKIII | CAII | . 01 L | LAIT | | | Reg. D | ist. No | | |
|--|--|-------------------------------|---|-----------|-------------------------------|----------------|------------------------|---|--------------------|------------------|------------------|--------------------------|
| 1, PLACE OF DEATH o. COUNTY Wa | shington | | MARYLA | | o. STATE | Maryla | | d lived. If instituti b. COUNTY | | nce befo | | iion) |
| b. CITY OR TOWN (III RURAL ond give ne Hagers | | ts, write | c. LENGTH OF STAY IN | 116 | | own (If ou | | rote limits, write R | URAL ond | give ne | arest town | 1) |
| d. NAME OF HOSPIT OR INSTITUTION 133 JO | AL (If not in hospital, s | jive street | oddress) | 1 | d. STREET A | DDRESS 3 John | n St. | | | | | FARM? |
| 3. NAME OF DECEASED (Type or print) | Ida | | Middle Catherine | | Pike | | 4. DATE OF DEATH | Mon | | 17 | | Yeor 19 58 |
| female | 6. COLOR OR RACE white | 7. MARR | NEVER MARRIED DIVORCED | | TE OF BIRTI | | | 9. AGE (In years lost birthdoy) yrs. | Months | R 1 YEAR Doys | Hours | Min. |
| 10o. USUAL OCCUPATION during most of work home displayed | ing life, even if retired | done 10b. | kind of Business or home | INDUSTRY | | castl | | | 12. CI | | A. | COUNTRY? |
| 13. FATHER'S NAME | hn M. Wagn | er | | 14 | . MOTHER'S | nn Me | | inger | | | | |
| 1S. WAS DECEASED EVER | R IN U. S. ARMED FOR Ilf yes, give war or dates of t | | social security no. | 17. INFOR | mant e D. P | ike | Hage | erstown, | | | | |
| PART I. DEA 443 X Conditions, if or | TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b) mmediate | Cer | ebral heme ebral arte | | | osis | | | F | eW ON | | |
| 5 OO2X Ch | HER SIGNIFICANT CON | Hyp DITIONS O Imon | ertensive CONTRIBUTING TO DEAT ARY tuber CRIBE HOW INJURY OCC | H BUT NOT | RELATED TO | THETERMIN | ted. | E CONDITION GIV | 'EN IN PAI | | 19. WAS PERFO | finite Autopsy DRMED? NO |
| 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Ye | ar 20d. II While of wor | Not while | | OF INJURY (street, office | | | or town) | | (County) | | (Stote) |
| actual signature PHYSICIAN'S NAME (Type) | ch 16 B. B. Kn | eisl | ey, M.D. | death occ | 148 Hag | 7:30A West | M, from | n the causes of freet, city or town, hington Md. | and an stote) St. | the da | ite state | ed abave. ATE SIGNED |
| 220. BURIAL, CREMATIO REMOVAL (Specify) DURIAL | 3-20- | | 22c. NAME OF CEMET | | | | Br | oadfordi | ng | | Md. | e) |
| 23. FUNERAL DIRECTOR' Fred W. Kra | | gerst | ADDRESS cown, Md. | | | 240. REC'D | BY REGIST | | / | IGNATU | RE/ | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in page 3 shawy be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar ta burial, crematian, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH SALTIMORE, 16

CERTIFICATE OF BEATH

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| BUREAU V. | | | | |

3843 CERTIFICATE OF DEATH

03848

| L | 9010 | 32 K111.37 | | Reg. Dist. I | No. | | | | | | |
|---|--|----------------------------|---|--------------------------------|---|--|--|--|--|--|--|
| - | 1. PLACE OF DEATH O. COUNTY WASHINGTON | MARYLAND | 2. USUAL RESIDENCE (Where deceased live o. STATE MARYLAND | b. COUNTY WASHI | NGTON | | | | | | |
| | b. CITY OR TOWN (If autside carparate limits, write RURA) and give nearest lewn) | 62 YRS. | c. CITY OR TOWN (If outside corporate and HAGERSTOWN | limits, write RURAL and give | nearest fawn) | | | | | | |
| | d. NAME OF HOSPITAL (If not in hospital, give stree 133 E. ANTIETAM ST. | oddress) | d. STREET ADDRESS / 133 E. ANTIETA | M ST. | IS RESIDENCE ON A FARM? YES NO | | | | | | |
| | 3. NAME OF First DECEASED (Type or print) SADIE | Middle VIRGINIA | Lost 4. DATE OF DEATH | Month MARCH] | Day Year L 19 58 | | | | | | |
| | FEMALE WHITE WIDOV | VED Z DIVORCED | 10/24/1871 | 86 yrs. Months Do | EAR IF UNDER 24 HRS. ys Hours Min. | | | | | | |
| | 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | HOME | 11. BIRTHPLACE (State or foreign country MARYLAND | | OF WHAT COUNTRY | | | | | | |
| | DANIEL W. FOLTZ | | LYDIA CAROLINE | | O TED AMOVAL | | | | | | |
| 1 | IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no Whoman) Ill yes, give war or dates of service) | | nformant IR. SAMUEL WEBSTER | Address III R PIPER SR. | MD. | | | | | | |
| | 1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). | | cic Cardiovascular | | NTERVAL BETWEEN DINSET AND DEATH YEARS | | | | | | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c) | | | | | | | | | | |
| | Gen | neralized Art | NOT RELATED TO THE TERMINAL DISEASE CO | | 19. WAS AUTOPSY PERFORMED? YES NO X | | | | | | |
| | | 3CRIBE HOW INJURY OCCURRED |). (Enter nature of injury in Part I ar Part II al | l item 1B.} | | | | | | | |
| | Hour o. m. While | Not while foc | ACE OF INJURY (Home, farm, 20f. (City or to tary, street, affice bldg., etc.) | awn) (Caun | ity) (State) | | | | | | |
| | 21. I certify that I attended the deceased from Feb. 25, 1958, to Mar. 1, 1958, that I last saw the deceased alive on Feb. 28, 1958, and that death accurred at 4:45P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED | | | | | | | | | | |
| | ACTUAL SIGNATURE | <u>e</u> | M.D. 119 N. Potomac | | -4-58. | | | | | | |
| = | PHYSICIAN'S R.A.Bell, 220. BURIAL, CREMATION, 22b. DATE THEREOF | M. D. | Hagerstown, Ma | | | | | | | | |
| | REMOVAL (Specify) 3/4/58 | ROSE HILL | CEM HAGEF | (City, town, or county) RSTOWN | (State) | | | | | | |
| 1 | 3. FUNERAL DIRECTOR'S SIGNATURE (HE | ADORESS A SUBJECTION | MA DATE MAR 6 '58 | 246 REGISTRAR'S SIGHA | TURE | | | | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL COOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show the detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and c should be filed with the registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-EALTIMONE, 15

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03849

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|---|--|---|---------------------------------------|---|
| 1. PLACE OF DEATH O. COUNTY WASHINGTON | MARYLAND | 2. USUAL RESIDENCE (Where o. STATE MARYLAN | deceased lived. If institution: Resid | |
| b. CITY OR TOWN (If outside corporate limits, write I and give nearest town) | RURAL C. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside | de corporate limits, write RURAL on | |
| BOONSBORO | 20 YEARS | X BOONSBORO | | |
| d. NAME OF HOSPITAL OR INSTITUTION (IF | not in hospital, give street oddress) | d. STREET ADDRESS POTOMAC | STREET | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First | Middle | Lost 4. D | | Doy Year |
| ORPHA ORPHA | EDNA F | 0 | ATHMARCH 24 19 | -0 |
| 5. SEX 6. COLOR OR RACE 7 | MARRIED NEVER MARRIED 8. | DATE OF BIRTH | Lord Acade day A | TYEAR IF UNDER 24 HRS. |
| FEMALE WHITE | WIDOWED TO DIVORCED N | OVEMBER 9 18 | 80 77 yrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) HOUSE WIFE | OWN HOME | NEAR MIDDLE | | MD.U.S. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | |
| JOSHUA FLOOK | | LYDIA FLO | OK | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORC | | FORMANT | Address | |
| NO | | WARD MILLER | BOONSBORO MD. | |
| PART I. DEATH Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. (c)— (c)— | auté coro | nary Occ | lision | ONSET AND DEATH |
| 25 | ITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL E | DISEASE CONDITION GIVEN IN PAI | RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2 |
| 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | DESCRIBE HOW INJURY OCCURRED. (Ed | nter noture of injury in Part f or | Part II of item 18.) | |
| Oc. TIME OF INJURY Month, Doy, Year Hour o. m. 19 | 20d. INJURY OCCURRED 20e. PLAC While Not while facto of work of work | E OF INJURY (Home, form, 20) ry, street, office bldg., etc.) | f. (City or tawn) (Co | ounty) (State) |
| 21. I certify that I took charge | of the remains described obor | ve, held an Autopsy | , Inspection . Inqui | ry , and in my |
| opinion death resulted from: N | atural causes Accident | , Suicide , Hom | icide, Undetermined | manner 🗌 |
| ACTUAL SI Pulici | t Wells | _M.D. CHIEF MEDICAL EXAMIN | IER 🗀 | DATE SIGNED |
| EXAMINER'S S. Robert | + WELLS, M. | ASSISTANT MEDICAL EXAM | 1 /10 | rc425'53 |
| 270. BURIAL, CREMATION, 27b. DATE THEREOF MARCH 2 | | | ONSBORO WASH. | CO.MD. |
| 23 FUNERAL DIRECTOR'S SIGNATURE | BADALOAD | MO , DATIMAR 2 | REGISTRAR 24b. REGISTRAR'S SI | GNATURE |

ST AND STORY AND STREET OF THEM IS A SEC STATE OF A YEAR

BUREAU V. X.

EDEL 88 AAN.





VS A15 (4) 15M 9/S5 8

3844 CERTIFICATE OF DEATH

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Reg. Dist. No. 03850

| 1. PLACE OF DEATH o. COUNTY WASHINGTON | N | MARYLAN | 11 6 | USUAL RESIDENCE (W. STATE MARY) | | | on: Residence be WASHIN | | ssion) |
|--|--|---|-------------------|---|---|--|----------------------------|-------------------------|---------------------|
| b. CITY OR TOWN (If outside cor RURAL ond give nearest town) HAGERS TOWN | | c. LENGTH OF STAY IN | 1Ь | E. CITY OR TOWN (IF | | rate limits, write R | URAL and give | nearest tov | vn) |
| d. NAME OF HOSPITAL (IF not in OR INSTITUTION WASHINGTON CO. | hospitol, give street HOSPITAL | oddress) | 1 | d. STREET ADDRESS 42 EAST AV | ENUE | | | ON | SIDENCE A FARMS |
| 3. NAME OF DECEASED (Type or print) RO | First ONALD | RAY Middle |] | REED Lost | 4. DATE OF DEATH | Mon 3 | ith | ^{Doy} 27 | Year 19 58 |
| 5. SEX 6. COLOR WHI' | | RIED A NEVER MARRIED [| | AY 4, 1894 | | 9. AGE (In years last birthday) 63 yrs. | Months Day | | |
| 10a. USUAL OCCUPATION (Give kinduring most of working life, every MERCHANT | nd of work done 10b on if retired) | KIND OF BUSINESS OR IT | NDUSTRY | W. VA. | e or foreign co | ountry) | U.S. | | T COUNTRY |
| 13. FATHER'S NAME SYLVANNUS REED | | | 14 | KATURAH J. | | | | | |
| 1S. WAS DECEASED EVER IN U. S. A (Yes. no or unknown) (If yes, give we NO | or or dates of service) | | MRS. | BERTHA M. | REED | HAGERS | stown, M |). | |
| Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. | CANT CONDITIONS | Arteriosclero Jascular hype Acute ruptur CONTRIBUTING TO DEATH Batotomy open | rten re ab | sion dominal ao | rtic 8) | neurysm | VEN IN PART 1(c | PERF | S AUTOPSY ORMED? |
| PART II. OTHER SIGNIFI Kidney c 20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 20c. TIME OF INJURY Month, Hour o. m. None | OF DEATH XAMINER) Day, Year 20d. While | | e. PLACE foctory. | OF INJURY (Home, for street, office bldg., et DIO | rm, 20f. (City | | (Coun | ity) | (Stote) |
| 21. I certify that I atte alive anMarch | lest li best Well | 58, and that de | eath ac | 115 N. Pr Hagerst | P.M. fran Address (So otomac own, Mo | n the causes of the treet, city or town. Street | and an the state) 3- | date sta 1 -28-58 | ted abave |
| BURIAL 23. FUNERAL DIRECTOR'S SIGNATU FRED W. KRAISS | RE HAGERS | ADDRESS TOWN, MD. | | 24a. REG DATE | C'D 8Y REGIST | | ISTRAR'S SIGNA | TURE | |

San Alberta Steel With the test of the property of the contract of the THE PARTY OF THE P CLUB OF CHARLES HOSSIGNARY WITH THIS HARRY THE WATER OF THE TAIL TO STATE OF A SECOND SECON 8361 S 1958 Supplier of the state of the st A NETO 3845 CERTIFICATE OF DEATH

03851

| | 00 | IU | CEIC | 111107 | 112 01 1 | - 10.7-4 1 | | | Reg. Di | st. No. | | |
|---|---|------------------|---------------------------------|----------|--|--------------------------|------------------------|--|--------------|------------|------------------------|-------------------|
| 1. PLACE OF DEATH a. COUNTY WAST | HINGTON | | MA | RYLAND | 2. USUAL RESI o. STATE | DENCE (W | here deceased t | lived. If instituti b. COUNTY | | HLN | | |
| b. CITY OR TOWN (I | | write | I DAY | LY IN 16 | | | | te limits, write R R SPRIN | | give near | est tawn) | |
| d. NAME OF HOSPIT OR INSTITUTION | TAL (If not in hospital, giv FON COUNTY | | dress) SPITAL | | d. STREET A | | VALLEY | ROAD | | • | IS RESI ON A YES | FARM? |
| 3. NAME OF DECEASED (Type or print) | GEORGE | | DAVID | dle | REPP | st | 4. DATE OF DEATH | Mon | th | I2 | Y | eor 958 |
| 5. SEX MALE | WILLLE | MARRIE | D NEVER MAR | CED | B. DATE OF BIRT | | 903 | AGE (In years last birthday) 54 yrs. | Months | Doys Days | Hours | R 24 HRS. Min. |
| 10a. USUAL OCCUPATION during most of world REPAIRMAN | ON (Give kind of work do king life, even if retired) | | | OR INDU | STRY 11. BIRTHPI | | ar fareign cau | ntry) | 12. CI | U.S | | COUNTRY? |
| 13. FATHER'S NAME | | 200 | | | 14. MOTHER'S | MAIDEN | NAME | | | 7 | WE | |
| JOHN A. | REPP | | | | LII | LIE | SNYDE | ? | | | | |
| 15. WAS DECEASED EVE | R IN U. S. ARMED FORCE | rice) | CO-09-7 | 4 | MRS. | HAZE | L REPI | Add CLh | ess EAR S | PRI | G,I | MD. |
| Canditions, if o gove rise ta i cause (a), stating lying cause last. | mmediate (DUS TO | Ch. | Pyogeni ronic o | titi | s medi | a, r | | CONDITION GIV | VEN IN PAR | ZT 1(a) 19 | ınkn | nown |
| 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. | MEDICAL EXAMINER) | | URY OCCURRED Not while of wark | 20e. PL | D. (Enter nature of ACE OF INJURY ctary, street, offic | Hame, for e bldg., et | m, 20f. (City o | or lawn) | | Caunty) | | (State) |
| actual SIGNATURE | ach 12 Culi Bol Archie Ro | , 12.5 Recs C | ond the | at death | n accurred at | 5:15 | ADDRESS (Street | the causes of set, city or town, | and on t | the date | e state DA | TE SIGNED |
| 220. BURIAL, CREMATIC REMOVAL (Specify) | ON, 226. DATE THEREOF | | 22c. NAME OF CO BLAIRS | | 2 | | CLEA. | | NG, MI | | (State |) |
| 23. FUNERAL DIRECTOR | Clark | | ADDRESS CLEAR | SPRI | NG,MD. | | HAR 1 8 'S | AR 246. REGI | STRAR'S SI | GNATUR | E | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 ingel by the haspital ar attending physicion.

CTOR: After this certificate has been signed by the attending physicion and campletely filled in the delached for use as the burial-transit permit. Then please remove carbon papers. Pages I and prior to burial, crematian, or remaval, and in any event within 72 hours after death. may be retoingd page 3 shaut VS A15 (4) 1SM 9/5S

e funeral director, should be filed with

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CERTIFICATE OF DEATH . . . 8381 81 AAM

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld as detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 10/S7

03852

| 9 | CERTII | FICATE | OF | DEAT |
|----|----------|--------|----|--------|
| ') | APIZ III | IONIE | 0. | MPVIII |

| | 3 | 882 | CERTI | FICA | ATE OF DI | EATH | | | Reg. D | Dist. No | | |
|--|---|--------------|------------------------------------|-----------------|---|--------------------------|---------------|-----------------------------------|------------|-----------|-----------|------------------|
| 1. PLACE OF DEATH o. COUNTY Wa.shing | ton | | MARY | LAND | 2. USUAL RESIDE o. STATE | - 600 | | lived. If institute b. count | Υ . | ence befo | ore admis | sion) |
| b. CITY OR TOWN | (If outside corporate lim | ils, write | c. LENGTH OF STAY | IN 1b | c. CITY OR TO | WN (If or | ulside corpor | ole limits, write | | give ne | arest tow | n) |
| RURAL ond give | amsport R | 2 | 10 Yrs | 3 | × Will | iams | sport | R # 2 | | | | |
| d. NAME OF HOSP OR INSTITUTION | ITAL (If not in hospital, | give street | address) | | d. STREET ADD | | | | | | e. IS RES | IDENCE |
| | Ave Extd | | | | Bower | Ave | Extd | | | | | FARM? |
| 3. NAME OF DECEASED | Fi | rst | Middle | | Last | | 4. DATE | M | onth | Do | у | Year |
| (Type or print) | RALPH | | DAVID | F | RIDGLEY | | DEATH | March | 21 | 1958 | 3 | 19 |
| 5. SEX | 6. COLOR OR RACE | 7. MARE | RIED NEVER MARRIE | D | 8. DATE OF BIRTH | | | 9. AGE (In year lost birthdoy) | | | | ER 24 HRS. |
| Male | White | WIDOW | ED DIVORCE | | Nov 13 | 189 | 94 | 63 yr | | Days | Hours | Min. |
| during most or wo | ION (Give kind of work orking life, even if retired | 2) | ~ | R INDU | | | | | a 12. c | ITIZEN C | | COUNTRY |
| 13. FATHER'S NAME | D | angb | orn Corp | | Puffie | | | lin Co | | UL |) AL | |
| To. TATTLER'S NAME | | | | | 14. MOTHER'S M | | | 26157 | | | | |
| Richar | ER IN U. S. ARMED FO | ley | | Carry and | Enma | N. 1 | auii | | | | | |
| (Yes, no or unknown) | (If yes, give wor or dates of | | 4-09-6063 | . 90 | re Louis | e E. | Rid | gley W | msp t | Md | R # | 2 |
| 18. CAUSE OF DE | ATH [Enter only one co | ouse per lis | ne for (o), (b), and (c).] | | Bower A | ve I | extd | | 7-1 | INT | ERVAL 8E | TWEEN |
| | ATH WAS CAUSED BY: | | Ceral | 1.0 | Shlein | | 10. | 0.0 | | ON! | SELAND | DEATH |
| 443X | DUE TO | , | 1 | - | 7 | | | 7 | | | 0.0 | 7 |
| Conditions, if | | | Huno | 2 to | welling f | 2 and | 1: 2/ | 10 De | 10 | 18 | 6 | دري |
| gove rise to | immediate (|) | 77/2 | 21-0 | The state of | Au. | 2010 | - | | | • | 1 |
| lying couse lost | ine under- | -1 | | | | | | | | | | |
| CATI | THER SIGNIFICANT CON | IDITIONS C | CONTRIBUTING TO DEA | TH BUT | NOT RELATED TO TI | HE TERMIN | NAL DISEASE | CONDITION G | IVEN IN PA | RT I(o) 1 | PERFC | AUTOPSY RMED? |
| OR CONTRIBUTING | AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER | 20b. DES | CRIBE HOW INJURY OF | CURRE |). (Enter noture of i | njury in P | ort I or Port | Il of item 18.3 | | | | |
| 20c. TIME OF INJU Hour o. m. p. m. | 10 | While | NJURY OCCURRED Not while t of work | 20e. PL/ foc | ACE OF INJURY (Ho tory, street, office b | me, form, ldg., etc.) | 20f. (City | or town) | | (County) | | (Stote) |
| 21. I certify t | hat I attended the | decease | ed fram : 12 - 2 | 25 | 1957 | to | 3-2 | 195 | P,that I | lost so | w the | decease |
| alive on | 7-20 | . 19 5 | | | occurred at | | M from | the course | and on | the de | to state | d =bau |
| / | 7 0 | 0 1 |) | acom. | / / / | A | DDRESS (Str | eet, city or town | , stote) | ine du | | ATE SIGNE |
| ACTUAL SIGNATURE | ofeet/ | . 4 | ourad | | M.D. 13 | 7.00 | . W | ashin | | | 3 | -2/-5 |
| PHYSICIAN'S NAME (Type) | Pobert | T. | Con1-99 | | 4 | lag | erst | 0W771 | Md | | | |
| 220. BURIAL, CREMATIC REMOVAL (Specify | |)F | 22c. NAME OF CEME | TERY OF | CREMATORY | | 22d. LOCATI | ON (City, town, | or county) | | (Slot | e) |
| Burial | 3/23/58 | | Rest Hay | ren | Cemeter | v | Hage | rstown | Was | h. (| To I | 3 |
| 23. FUNERAL DIRECTOR | R'S SIGNATURE | | ADDRESS | | 2. | | BY REGISTE | AR 246 REC | ISTRAR'S S | IGNATU | RE | |
| Andrew | K. Coffmo | n Ho | caratown | Ma | | MA | R27'5 | 10 | hea | uch | | |

BUREAU V.

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DECENAED

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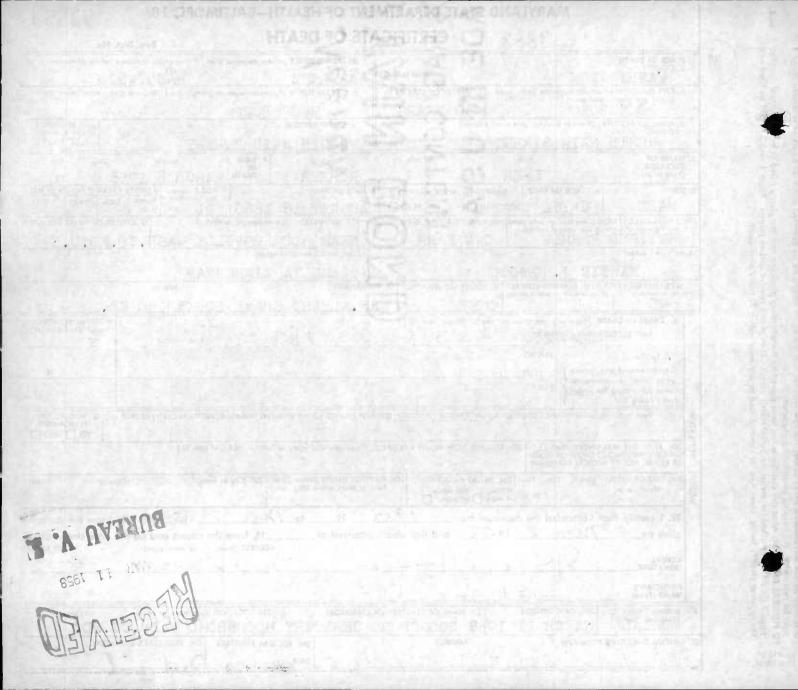
| 1 | 3883 | CERTIFICA | AIE OF DEATH | Reg. Dist. No. | | | | | |
|---|--|-----------------------------------|--|--|--|--|--|--|--|
| | PLACE OF DEATH o. COUNTY WASHINGTON | MARYLAND | 2. USUAL RESIDENCE (Where deco o. STATE MARYLAND | eased lived. If institution: Residence before admission) b. COUNTY WASHINGTON | | | | | |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside c | R TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | |
| | BOONSBORO | 30 YEARS | X BOONSBOR | | | | | | |
| | d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION NORTH MAIN STREET | oddress) | /d. STREET ADDRESS NORTH MAIN | STREET e. IS RESIDENCE ON A FARM? YES \(\text{NO} \(\text{D} \) | | | | | |
| | 3. NAME OF First DECEASED (Type or print) FT.ME.R | Middle | ROHRER 4. DA | | | | | | |
| | S. SEX 6. COLOR OR RACE 7. MARR | IED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. | | | | | |
| | MALE WHITE WIDOWE | 6 91 yrs. Months Doys Hours Min. | | | | | | | |
| 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF during most of working life, even if retired) | | | | | | | | | |
| | 13. FATHER'S NAME | 71711 1 22101 | 14. MOTHER'S MAIDEN NAME | VILLE WASH.CO.MD.U.S | | | | | |
| | MARTIN J.ROHRER | | AMELIA ZIM | MERMAN | | | | | |
| | (Yes, no. or unknown) (If yes, give wor or dates of service) | | NFORMANT RS.ALBERT SHAN | Address K BOONSBORO MD. | | | | | |
|) | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LY LY A D Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DIS | SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | | | | | |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Port 1 or | | | | | | |
| | 20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of work | _ Not while _ for | ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.) | (City or town) (County) (Stole) | | | | | |
| | 21. I certify that I attended the decease alive an MANY & 19.5 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) | - 83 | accurred atM, f | from the causes and an the date stated above. S (Street, city or town, state) DATE SIGNED ALLAGUM 3-8-5-8 | | | | | |
| | 220. BURIAL, CREMATION, 226. DATE THEREOF MARCH 11 19 | 22c. NAME OF CEMETERY OF BOONSBOR | | OCATION (City, town, or county) (Stote) | | | | | |
| | 23 JUNEAU DIRECTOR'S SIGNATURE R | 300US Voro | 240. REC'D BY REDATE AND 1 | GISTRAR 24b. REGISTRAR'S SIGNATURE | | | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

O FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 should a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death. may be retained TO FUNERAL DIR VS A15 (4) 15M 10/57

In Hand

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| | TE OF DEATH | | | |
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| | | | Name and A | |
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| | MASS STATES | | | |
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| BUREAU V. E. | | | | |
| BUREAU V. E. | | 0 " " | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03855

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington b. COUNTY MARYLAND Washington Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown davs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital ON A FARM? 222 East Antietam St. YES NO NO Middle 4. DATE AL FONSO NMN SARDELLA 5, March 58 (Type or print) 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years Months Nov.15.1876 White Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Black smith Retired Cermignano, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sardella Eva Sorapino Quintelioni 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Josephine Z. Sardelli-222E. Antiet. 314-28-1143 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o). Cardiovaxcular Collapse **DUE TO** Arteriosclerosis general Conditions, if any, which yrs. gove rise to immediate DUE TO cause (a), stating the under-Cerebral vascular accident 2 weeks. lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Pneumonia broachial 2 weeks. YES NO TE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Not while at work at work 19 to 2-5- 58 19 that I lost saw the deceased 21. I certify that I ottended the deceosed from. 1957 ond that death occurred at 7:30 am, from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE 119 E. Antietam St PHYSICIAN'S 119 E. Antietam St.-Hagerstown bouis G. Graff 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 3-7-58 Hill Cemetery Rose Hagerstown, Maryland Dur! 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D 8Y REGISTRAR Andrew K. Coffman-Hagerstown.

Maryland

DATE

TO FUNERAL DI O HOSPITAL he VS A15 (4) 15M 10/57

registrar

A STATE OF THE PROPERTY OF THE the since he wast Labour. xTO THE STATE OF TH SEES 9 HAN! the materials of the last the

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within cute the certificate, writing the ward "pending" in pencil in Item 18. Give farwarded to Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL L. CTOR: Page 3 shauld be used as a burial-transit permit.

03856 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | Washing | ton | | MARY | LAND | o. STATE | vlan | d | + COUN | ingt | on | | |
|---------------|---|---|--------------|---------------------------|-----------------|------------------|--------------------------|--------------|---------------------------------|-------------------|-----------|-----------|--------------------|
| ŧ | | outside corporate limits, write | RURAL | c. LENGTH OF STAY | IN 1b | | | | porate limits, write | | | earest la | wn) |
| Н | Hagers | | | 2 Hrs | | X Hage | erst | own : | R # 2 | | | | |
| - | | | f nat in hos | pital, give street addres | 15) | / d. STREET AD | | | | | | e. IS RI | SIDENCE A FARM? |
| | Wash. Q | ounty Hos | pita | 1 | | mmspt- | Gre | enca | stle Pi | ke | | | NO |
| 3. | NAME OF DECEASED | Fin | it | Middle | | Last | | 4. DATE | Mon | th | Day | Y | ear |
| | (Type or print) | ALVIN | | ROY | SEA | | | DEATH | March | 1 19 | 58 | 1 | 9 |
| 5, 5 | | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | B. | DATE OF BIRTH | | 150 | 9. AGE (In years lost birthday) | IF UNDE Months | | | ER 24 HRS. |
| | Male | White | WIDOWED | | | July 1: | | | 21 yrs. | | Days | Hours | Min. |
| 10a | . USUAL OCCUPATIO | g life, even if refired) | ione 10b. K | IND OF BUSINESS OR | INDUSTR | Y 11. BIRTHPLAC | CE (State o | or foreign c | ountry) | 12. CI | TIZEN O | F WHAT | COUNTRY? |
| _ | | per wil | lers | Furn Sto | re | Lura | y Pa | ge C | o Va. | | USA | | |
| 13. | FATHER'S NAME | 200 | | | | 14. MOTHER'S M | AIDEN N | AME | | | | 111,12 | |
| | Roy Ja | cob Seal | | | | I. | va B | . Al | ger | | | | -1430 |
| 15. (Yes | | R IN U. S. ARMED FOR | ervice) | SOCIAL SECURITY NO. | | FORMANT | | | Addres | | | | |
| | yes | U.S.A.F. | 2. | 14-34-009 | P_rs | Glady | s Se | al H | agersto | um 1 | d. | R # | 2 |
| Н | | H [Enter only one cau | | | 16 | mspt- (| ree | ncas | tle Pik | e | INTER | T AND DEA | EN |
| | PART I. DEATH | H WAS CAUSED BY: IMMEDIATE CAUSE (o) | - | Stab wound | into | right v | ventr | icle | of heart | , | | 19 | |
| | 482X | DUE TO | | H | lemor | rhage ar | nd sh | ock | | | | | |
| | Conditions, if on | | | | | | | | | | | | |
| | gave rise to immedi (a), staling the u | | | | | | | | | | | | |
| | couse last. |) (c). | | | | | | | | | | | |
| S S | PART II. OTHI | ER SIGNIFICANT CON | DITIONS CO | NTRIBUTING TO DEATH | H BUT NO | OT RELATED TO TI | HE TERMIN | IAL DISEAS | E CONDITION GI | VEN IN PA | RT 1(a) 1 | P. WAS | AUTOPSY RMED? |
| S | | | | | | | | | | IL US | \ | ES X | NO 🗌 |
| CERTIFICATION | 200. EXTERNAL CAUS | SE WAS 120 | | HOW INJURY OCCUR | | | | or Part II | of item 18.) | | | | |
| | CAUSE OF DEATH. | | | | | in a fig | | | | | | | |
| EDICAL | 20c. TIME OF INJURY | | r 20d. II | | PLACI factor | OF INJURY (Ho | me, form, Idg., etc.) | 20f. (City | or town) | | ounty) | | (State) |
| ME | 10:30 PM | Feb. 28 195 | 8 at wor | rk at work | | reet | | 1 | geretown | | ash | M | d • |
| | 21. I certify the | at I took charge | of the r | emains described | abov | e, held an A | Autopsy | [30, ir | nspection X | , Inqui | ry 🔲 | and i | ind that |
| | death resulted | from: Natural | causes [|], Accident [], | Suici | ide 🔲, Ho | micide | X, U | ndetermined | cause [|]. | | |
| | P | 10 0 - | +), | 000- | | | | | | | | DATE S | ICNED |
| | SIGNATURE | Todes | 1 1/10 | ella | 3153 | M.D. CHIEF MEI | DICAL EXA | MINER [| | | | DAIRS | IONED |
| | EXAMINER'S | | D. 1 | . W | D | ASSISTANT | | | | 3. | -1-5 | 8 | |
| | NAME (Type) | | | t Wells, M | | DEPUTY M | EDICAL E | KAMINER [| 3 | | - / | | |
| 220 | REMOVAL (Specify) | N, 226. DATE THEREO | F | 22c. NAME OF CEMETE | | | | 22d. LOCA | TION (City, town, | or county) | | (State |) |
| | Burial | 3/3/58 | | Rose Hil | 1 C | emetery | | | rstown | | | | |
| 23. | FUNERAL DIRECTOR'S | | | ADDRES\$ | | 2 | | BY REGIST | | STRAR'S SI | | | |
| | Andrew K | . Coffmar | Hag | erstown N | ld. | | DATE A | MAR 6 | '58 U | Ute | auc | | |

MERCYLAND STATE DEFARMENT OF REALING SACTIMORE. I

DESCRIPTION OF THE PARTY OF THE

BUREAU V. S.

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T. P. M. Alfar Jacobs . P. Company

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03857

| 3849 | CERTIFIC | ATE OF DEATH | | Reg. Dist. No. 302 |
|---|---------------------------------------|--|-----------------------------------|---------------------------------|
| 1. PLACE OF DEATH O. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE | ere deceased lived. If institutio | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give neores! town) | c. LENGTH OF STAY IN 16 | | utside corporate limits, write RU | |
| Hagerstown | 2 Mos | 03 Hager | stown | |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | address) | d. STREET ADDRESS | | e. IS RESIDENCE |
| Jackson conv. Home | | 217 W. | Washington s | ON A FARM? |
| 3. NAME OF First DECEASED (Type or print) CHARLES | Middle ELLSWORTH | Lost SMITH | 4. DATE Mont | |
| 5. SEX 6. COLOR OR RACE 7. MARE | | B. DATE OF BIRTH | 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS |
| | ED X DIVORCED | April 25 18 | 78 79 yrs. | Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDI | JSTRY II. BIRTHPLACE (Stote of | or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY |
| TO | Retired | Taneytown | Carroll Co | USA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | AME | |
| Lewis Smith | | Marth | a Shaw | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. | INFORMANT | Addre | PSS |
| No + 7 | 05-10-7648 I | ewis T. Smi | th Maugansvi | llle Md |
| 18. CAUSE OF DEATH [Enter only one couse per li | ne for (o), (b), and (c).] | Box | 138 | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Fatorionelle | whi heart | cliamas. | ONSET AND DEATH |
| 260 × DUE TO | + + + + + + + + + + + + + + + + + + + | | Van Agreed | |
| Conditions, if ony, which) | Coteniano | uni oliti | roun + gas | 1-24- |
| gove rise to immediate DUE TO | 0110110 500 | alone our ja | mance I gas | grene 1-a gr. |
| lying couse lost. | es - due | Direleter | 14elli tru | |
| | CONTRIBUTING TO DEATH BU | NOT RELATED TO THE TERMIN | AL DISEASE CONDITION GIVE | N IN PART I(o) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT | astatic les | 40 of orables | | PERFORMED? |
| 200. ACCIDENT WAS UNDERLYING 20b. DES | | D. (Enter nature of injury in P | art I or Part II of item 18.) | 1 0 0 |
| | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. White p. m. 19 of wor | Not while fo | ACE OF INJURY (Home, form, ictory, street, office bldg., etc.) | 20f. (City or town) | (County) (State) |
| 21. I certify that I attended the deceas | ed from Mai | 5 1955 to 1 | las 6 1017 | that I last saw the deceased |
| alive an Mar 6 19 | | accurred at 9 20 | A4 from the annual or | nd an the date stated above |
| | , dila iliai deali | | DDRESS (Street, city or town, st | |
| SIGNATURE Silvail W. | 196 III | | shington St | |
| PHYSICIAN'S NAME (Type) Edward W. Dit | to 111, M.D | Hagerston | m, Maryland | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) | 22c. NAME OF CEMETERY C | | 22d. LOCATION (City, town, or | county) (State) |
| Burial 3/9/58 | Rest Haven | Cemetery H | lagerstown W | ash. Co Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | BY REGISTRAR 245 REGIST | TRATE'S SIGNATURE |
| Andrew K. Coffran Ham | eretown ld | DATE MI | AD 1 0 '58 1002 | Locueh |

CERTIFICATE OF DEATH

BUREAU V. S.

8361 OI 8VW



VS. A15ME(5) 5M 9/55

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| MARYLAND STATE DEPA | RTMENT OF HEALTH—BALTIMORE, | 18 |
|---------------------|--|--------|
| 3887 | IER'S CERTIFICATE OF DEATH | R |
| | 2. USUAL RESIDENCE (Where deceased lived. If Institu | utions |

03858

| | | 388 | 1 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | Reg. I | Dist. No | | |
|---------------|--|--|---------------|--|---|------------------------|---|---------------|------------------------|--------------------------|-------------------|
| | PLACE OF DEATH | Nashington | | MARYLAND | 2. USUAL RESIDENCE 0. STATE Md | | ed lived. If Institu b. COUNT | | | ore adm | ission) |
| Ł | c. CITY OR TOWN (If and give nearest town) Rural Smi | | | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN | | porote limits, write nithsbu | | nd give n | earest to | wn) |
| | | AL OR INSTITUTION | (If not in ho | north Smbg, Md | d. STREET ADDRESS | RFI | #2 | | | ON | A FARM? |
| | NAME OF DECEASED (Type or print) | Fred | irst | Middle (| Smith Lon | 4. DATE OF DEATH | Mont Ma | arch | 15, | | 7eor 9 58 |
| | male | white | WIDOW | the bank of the same of the sa | August 4, | 1902 | 9. AGE (In years lost birthday) 55 yrs. | Months Months | R TYEAR Days | Hours | Min. |
| 10a | during most of working plumbe: | ON (Give kind of world glife, even if retired C | done 10b. | kind of Business or industating indust | try Cavet | ovn, | ountry) Ad. | 12. CI | TIŽEN O | F WHAT | COUNTRY? |
| 13. | FATHER'S NAME | Benjamin | Smit | h | 14. MOTHER'S MAIDEN | | ertrude | Hes | sone | 5 | |
| | was DECEASED EVE | ER IN U. S. ARMED F. (If yes, give wor or doles) WWII | f service) | . social security No. 17. 213-01-9330 | | phine | Smith, | | thsl | oure | , Md |
| | PART I. DEAT 823 × Conditions, If or gove rise to immed (o), stoting the | TH WAS CAUSED 8Y: IMMEDIATE CAUSE (DUE TO ny, which fiote cause | o) | Punctured n | ractured riba nyocardium (landium; Hema- and shock | by ribs |) | | INTER | T AND DE | EEN ATH |
| CERTIFICATION | PART II, OTH | ier significant co None | ODITIONS C | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TER | MINALDISEAS | E CONDITION GI | VEN IN PA | | 9. WAS PERFO YES X | AUTOPSY DRMED? |
| | 20g. EXTERNAL CAU PRIMARY A or CON CAUSE OF DEATH. | | | se how injury occurred. ver of car tha | | | | | | | |
| MEDICAL | 7 15 x x x. | March 15 | | INJURY OCCURRED 20e. PL/ ile Not while fac | ACE OF INJURY (Home, for clary, street, office bldg., e Highway | rm, 20f. (City | | c nsbur | ounty) g W : | ash | (Stote) Md |
| = | 21. I certify th | nat I taak charg | e of the | remains described about | | | nspection X | | _ | , and | find that |
| | ACTUAL SIGNATURE | Poles | ナル | uello | M.D. CHIEF MEDICAL ASSISTANT MEDI | EXAMINER [| I C | | | | SIGNED |
| | NAME (Type) | Samuel R | | | DEPUTY MEDICA | | | | -17- | | |
| | REMOVAL (Specify) DUTIAL | 3-18-5 | | Cavetown C | | | | Md. | | (Sto | e) |
| | SCOTT F | | 2 50 | ADDRESS | | C'D BY REGIST | ICO I ALA | STRAR'S S | | | |

THE MARKET HE WAS TO LIKE TO SELECT A STATE OF THE BUREAU Y, & SESI 61 AAM DECENAL

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 14 FilmG226 3-24-58 et CERTIFICATE OF DEATH 3885

Reg. Dist. No. 03859

| 1. PLACE OF DEATH o. COUNTY | Washingto | n | MARYLAND | 2. USUAL F o. STATE Md. | ESIDENCE (W | /here deceose | d lived. If insti b. COUN Washi | ITY , | | re admission) |
|--|---|--------------------------------|--|------------------------------------|-----------------------------------|------------------------|---------------------------------------|----------------|-------------|--|
| RURAL and give ne | | ts, write | c. LENGTH OF STAY IN 16 | 1/ - | | | prote limits, writ | e RURAL or | nd give nec | prest town) |
| d. NAME OF HOSPIT OR INSTITUTION | AL (If not in hospital, g | ive street o | 2 Weeks | | T ADDRESS | WAVA | | | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Fir | | Middle | | Last | 4. DATE OF DEATH | ٨ | Aonth | Do | |
| 5. SEX | | | ED NEVER MARRIED | 8. DATE OF E | | | 9. AGE (In year lost birthdo) | rs IFUND | | 19 58 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION during most of work | ing life, even it refired | widowe | D NORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED | JSTRY 11. BIRT | | e or foreign c | ountry) | | CITIZEN O | F WHAT COUNTRY |
| 13. FATHER'S NAME Patrict | | | | | rnum ER'S MAIDEN Unkn | NAME | al Cou | nty | U.S | . A . |
| 15. WAS DECEASED EVE | | ervice) | | informant rs Gra | | | Hanco | ddress Ck M | d | |
| ІСАТІ | the under- cccccccccccccccccccccccccccccccccccc | | ONTRIBUTING TO DEATH BU | T NOT RELATED | A CL | AINAL DISEAS | E CONDITION O | GIVEN IN P | ART 1(a) 1 | 9. WAS AUTOPSY PERFORMED? YES NO |
| Y 20c. TIME OF INJUR Hour a. jr. p. m. | S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee 19 at Mattended the | or 20d. IN While at work | Not while of the state of the s | LACE OF INJUI octory, street, o | Y (Home, farn ffice bldg., etc | 20f. (City | or town) | and an | | (Stote) aw the deceased te stated above DATE SIGNED |
| PHYSICIAN'S NAME (Type) | LNI | 54 | IFFER | MI |) | | | | | |
| 220. BURIAL, CREMATIO | I JOSE DATE THEFTO | 7 | 22c. NAME OF CEMETERY | | | T | TION (City, town | | | |

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YES NO

(Stote)

(State)

(County)

Reg. Dist. No. 302

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) IS RESIDENCE ON A FARM? YES NO T Month Day Yeor March 198 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys yrs. 12. CITIZEN OF WHAT COUNTRY? Ctv

Frederick INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSE PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Man 25, 1958, that I last saw the deceased M. from the causes and on the date stated above. ADDRESS (Street, city or town, state)

5 W. VVASHINGTON

246. REGISTRARIS SIGNATURE/

Coffman, Hagerstown,

15M 10/57

CERTIFICATE OF DEATH

BUREAU V. S.

8361 IS AAM



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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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| 1. PLACE OF DEATH | 3891 | | | | | | Reg. Dist. No | |
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| o. COUNTY | Washingto | n MA | ARYLAND | 2. USUAL RESIDENCE (WO. STATE Penn. | | ed. If institution b. COUNTY | Residence befo Frankli | |
| RURAL and give | (If outside corporate limits, nearest town) erstown | , write c. LENGTH OF STA | | c. CITY OR TOWN (IF | | | RAL and give ne | arest fown) |
| OR INSTITUTION | Nursing Home | | | d. STREET ADDRESS Chambersb | | | | e. IS RESIDENCE ON A FARM |
| 3. NAME OF DECEASED (Type or print) | first Laur | 37 | die | Stahl | 4. DATE OF DEATH | Month 3 | Do | |
| 5. SEX female | | MARRIED NEVER MAR | RRIED 8. | DATE OF BIRTH 1-7-1874 | 9. | | F UNDER 1 YEAR Months Days | |
| 100. USUAL OCCUPAT during most of we hom | ION (Give kind of work doorking life, even if retired) e duties | ne 10b. KIND OF BUSINESS home | OR INDUSTR | 11. BIRTHPLACE (Stote Penna. | or foreign count | | 12. CITIZEN C | F WHAT COUN |
| 13. FATHER'S NAME | unknown | | Summy | 14. MOTHER'S MAIDEN I | | | | |
| 15. WAS DECEASED EV (Yes, no. or unknown) | /ER IN U. S. ARMED FORCE (It yes, give war or dates of serv | | | ormant n E. Stahl | Yor | k, Pa. | 55 | |
| lying couse lost | (c)_ | ITIONS CONTRIBUTING TO E | DEATH BUT NO | OT RELATED TO THE TERM | INAL DISEASE CO | ONDITION GIVE | V IN PART I(n) | O WAS AUTO |
| 200. ACCIDENT W | G T CAUSE OF DEATH | 0b. DESCRIBE HOW INJURY | OCCURRED. | | | | | PERFORMED'S YES NO |
| 200. ACCIDENT W | VAS UNDERLYING ☐ 2 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | 0b. DESCRIBE HOW INJURY | 20e. PLAC | | Port I or Port II o | of item 18.) | (County) | PERFORMED |
| 20a. ACCIDENT WOOD OF CONTRIBUTING IF EITHER. NOTH Hour o.m. p. m. 21. I certify a glive on ACTUAL SIGNATURE. | /AS UNDERLYING 2 G CAUSE OF DEATH Y MEDICAL EXAMINER) | 20d. INJURY OCCURRED While Not while of work deceased from 1 | 20e. PLACI foctor | (Enter noture of injury in E OF INJURY (Home, form ry, street, office bldg., etc., 1957 to | Port I or Port II o | of item 18.) frown) 2 a., 1956, | (County) that I last so | PERFORMED'S YES NO |
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Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 38 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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INTERVAL BETWEEN

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. COUNTY o. STATE b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mapleville Mapleville vre d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS None 3. NAME OF Fire Middle 4. DATE Lost Month DECEASED (Type or print) Ira Stine DEATH Mar. 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. White March 30,1885 Months Mala WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Montgomery Co., Md LABOREU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give war or dates of service] M Stine- wife-220-10-3909 Mrs. Floria 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY none 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. none none 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) factory, street, office bldg., etc.) While none of work of work None 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . opinion death resulted from: Natural causes X, Accident , Suicide . Homicide | Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE March 11'58 ASSISTANT MEDICAL EXAMINER

should be FUNERAL D 0

designoted

EXAMINER'S

NAME (Type)

FUNERAL DIRECTOR'S SIGNATURE

0

VS. A15ME 5M 2/57

220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Fahrney Cemetery

S. Robert Wells. M.D.

Mapleville. 24g. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

246 REGISTRAR'S SIGNATURE

Wash

22d. LOCATION (City, lown, or county)

ADDRESS

MARYLAND SPETE DEVATAMENT OF HEALTH -DALTIMORE.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03864

e. IS RESIDENCE ON A FARM?

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Year

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PERFORMED? YES NO

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VS. A15ME 5M 2/57

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| f any delay is necessary, please | to the funeral rector. Page | Page 5 may be retained your files. | and 2 with the State Board of Health. | s offer death. | | 7 |
| ted within 24 haurs after death. If any delay is necessary, please | Item, 18. Give Pages 1, 2, and 3 to the funeral | along with form P.M3. Page 5 m | it permit. File pages 1 and 2 w | and in any event within 72 hour | | |

| D. COUNTY ASSINGTON Martians Description Descript | MARYLAND STATE DEPARTA | MENT OF HEALTH—BALTIMORE, 18 |
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| D. COUNTY ASSING ON DEATH content service consensus tens with curval ordinary content service consensus tens with content service content content content service content conten | 38 SEDICAL EXAMINED Item 8 FilmG2 | 2'S CERTIFICATE OF DEATH 26 3-21-58 et Reg. Dist. No. |
| 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2. NAME OF DECEASED 3. OATE OF DEATH 3. OATE OATE OATE 3. OATE OATE OATE 3. OATE OATE 3. OATE OATE 4. MOTHER'S MAIDEN VANIL 3. OATE OATE 3. OATE OATE 3. OATE OATE 3. OATE OATE 4. OATE OATE 5. OATE 6. | 7100111191011 | O STATE HA ! b COUNTY & / -/ " / |
| S. RESIDENCE ON A FARM? S. P. AGE IN TITUTION (If not in hospital. give street oddress) d. STREET ADDRESS e. IS. RESIDENCE ON A FARM? YES NO 1/2 | and give nearest fown) | |
| NAME OF DECEASED PIPE No. 12 NAME OF DECEASED NAME OF DEATH NAME OF DEATH | | d. STREET ADDRESS |
| DECEASED ACCURATION Color or RACE AMARRIED NEVER MARRIED S. DATE OF BIRTH S. DATE INDUSTRY S. | | |
| USUAL OCCUPATION (Give kind of work done) DIVORCED | NAME OF DECEASED (Type or print) Nilbur Roswer | 1/ 1 0f 1 |
| TAPENT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PERFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) IP. WAS AUTOPSY PE | 4/1 - | |
| WAS DECEASED EVER IN U. S. ARMED FORCES? I. S. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? I. S. SOCIAL SECURITY NO. 17. INFORMANT 205 - 09 - 5246 M + J. Willbur Thomas RIFEWAL SELWERN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which gave rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? PERMARY OF CONTRIBUTING CAUSE WAS PERMANY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18:) CAUSE OF DEATH. While Not while of work of | Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, eyen if retired) | SUSTRY 1. BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY |
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| NAS DECEASED EVER IN U. S. ARMED FORCES? If you, give wor or delet of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 205 - 09 - 52 | David Thomas | 11 1011 1 |
| PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE (a) | Yes, no, or unknown) [If yes, give war or dates at service) | |
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| 20a. EXTERNAL CAUSE WAS PRIMARY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 40c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (City or town) (County) (County) | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While at work at work at work at work at work apinian death resulted fram: Natural causes 2. Accident . Suicide . Hamicide . Undetermined manner . | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B | |
| Hour a.m. p.m. 19 While at work factory, street, office bidg., etc.) 21. I certify that I taok charge at the remains described abave, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL P P P P P P P P P | CAUSE OF DEATH. Nous |). (Enler noture of injury in Port I or Part II of item 18.) |
| apinian death resulted fram: Natural causes []. Accident []. Suicide [], Hamicide [], Undetermined manner [] ACTUAL S. P. S. T. W. ELLY CHIEF MEDICAL EVANISED DATE SIGNED | Mour a.m. While Not while | PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) |
| ACTUAL S. PUSED TWEELEN CHIEF MEDICAL EVANINED DATE SIGNED | 21. I certify that I took charge of the remains described of | abave, held an Autapsy 🔲, Inspection 🗹, Inquiry 🔲, and in my |
| | apinian death resulted fram: Natural causes [2], Acciden | nt, Suicide, Hamicide, Undetermined manner |
| | ACTUAL SIGNATURE S. Rolles TWelly | M.D. CHIEF MEDICAL EXAMINER |
| EXAMINER'S S, POBERT WELLS, M.D. DEPUTY MEDICAL EXAMINER [] March 15-195 | | 1/2000 (3/7) |
| BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town) or county) (Stote) REMOVAL (Specify) 3/18/58 Shank'S Greencastle R.R. P2 | | OR CREMATORY 22d. LOCATION (City, town, or equally) (State) |
| A STATE OF THE STA | 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | |
| Calter y Grove, Waynestoro fa DATE MAR 1 7 '58 Westerneh | valory Grove, waynestor | o fa Jare man 1 30 Wheduch |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| | 3853 | CERTIFIC | ATE OF DEAT | TH | | Reg. Dist. | No. | |
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| 1. PLACE OF DEATH a. COUNTY | Washington | MARYLAND | 2. USUAL RESIDENCE (a. STATE | Where deceased | lived. If institution b. COUNTY | on: Residence | | 1) |
| RURAL ond give r Hagers | stown | 41 weeks | c. CITY OR TOWN (| | thsburg | URAL and giv | | |
| d. NAME OF HOSPI OF INSTITUTION WAS NINE | ITAL (If not in hospital, give stre ston County I | er oddress) Hospital | A. STREET ADDRESS RFD | 1 | | | e. IS RESIDE ON A FA YES N | ARM? |
| 3. NAME OF DECEASED (Type or print) | Mollie | Fleeta | Toms | 4. DATE OF DEATH | Mon | rch 2 | Day Yee 20, 19 | 58 |
| female | white wido | RRIED NEVER MARRIED DIVORCED DIVORCED | | .892 | 65 yrs. | | YEAR IF UNDER 2 | 24 HRS Min. |
| house wil | rking life, even if refired) | b. KIND OF BUSINESS OR INDU | Garfiel | | intry) | 12. CITIZ | EN OF WHAT CO | ITAUC |
| 13. FATHER'S NAME | Millard S. 1 | | 14. MOTHER'S MAIDEN | | rie E. | Redma | in | |
| 15. WAS DECEASED EVI (Yes, no. or unknown) | ER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | | informant Orris Toms | , Smit | hsburg | | Md. | |
| | DUE TO ony, which immediate the under- | line for (a), (b), and (c).] cal Fistula I perior Mesent teriosclerosi | teric Infar | | iliosto | omy | interval Betwonset and De 1 mo. 2 Day 5 Yrs | /S |
| PART II. OT | HER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BU | NOT RELATED TO THE TER | | | EN IN PART 1 | PERFORM YES N | TOPSY AED? |
| Y 20c. TIME OF INJUIT Hour a, j., p. m. | Whi | | ACE OF INJURY (Home, fa ctory, street, office bldg., e | etc.) 20f. (City o | or town) | (Cod | uniy) | (Stote |
| 21. I certify the alive on | hat I attended the decer 3/20, 19 hales J. M Charles F. E | Les M. D. | , 1957_, ta_ n occurred at 6:30 M.D. | ADDRESS (Stre | the causes a set, city or town, s | nd an the | | abav sign |
| 22a. BURIAL, CREMATIC REMOVAL (Specify Durial | 3-23-58 | 22c. NAME OF CEMETERY C | | 22d. LOCATIO | ON (City, town, o | r county) | (State) | |
| 23. FUNERAL DIRECTOR Scott F. | | on, Smithsbur | | C'D BY REGISTRA | AR 24b. REGIS | TRAR'S SIGN | ATURE | |

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 5 may be retained by the hospital or attending physician.

TO FUNERAL DIPPETOR: After this certificate has been signed by the attending physician and campletely filled page 3 should teached for use as the burial-transit permit. Then please remaye corbatt-papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3854 CERTIFICATE OF DEATH

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Reg. Dist. No

| 1. PLACE OF DEATH o. COUNTY | Washington | | MARYLA | ND | 2. USUAL RESIDE a. STATE | Md. | ere decease | d lived. If institu b. COUNT | | ingto | - | |
|--|---|----------------------|---|--------------------|--|-------------------------|------------------------|----------------------------------|----------------------|----------------|-------------------------------------|-------|
| b. CITY OR TOWN (RURAL and give no Hagerst | | , write | 50 yrs. | 16 | O | WN (If or | | rote limits, write | RURAL and | give neares | t town) | |
| OR INSTITUTION | TAL (If not in hospital, given the Hospital | re street | oddress) | | d. STREET ADD | | erson | Blvd. | | | S RESIDEN | M? |
| 3. NAME OF DECEASED (Type or print) | First Willia | | Amos | | lost Furner | | 4. DATE OF DEATH | мс 3 | nth | Doy 22 | Yeor | 58 |
| 5. SEX male | | 7. MARR | DIVORCED | _ | Aug. 30 | | 888 | 9. AGE (In years last birthday) | Months | | UNDER 24 | HRS. |
| retired | ON (Give kind af work de rking life, even if retired) | | g. Foundry | | Page | E (Stote of | ty, V | | 12. CI1 | U.S. | VHAT COU | NTRY |
| 13. FATHER'S NAME | lis Turner | | | | 14. MOTHER'S M | - | nown | | | | | |
| | ER IN U. S. ARMED FORC | (eair | SOCIAL SECURITY NO. 1 | | FORMANT S. Bessie | | | Hagers | town, | Md. | | |
| Canditions, if a gave rise to couse (a), staling lying cause lost. | the under- | | Bronchogen | | | | | | | 6 § | yrs. | |
| 01 Ant | HER SIGNIFICANT COND OPTENSIVE OPTENSIVE OPTENSIVE AS UNDERLYING DE OF CAUSE OF DEATH MEDICAL EXAMINER) | otic | ontkibuting to DEAT call ovascul heart di | 9.08 | ase | | | | VEN IN PAR | T 1(a) 19. | WAS AUTO PERFORMED ES NO | PSY |
| | RY Manth, Day, Year | While | Nat while at work | PLA fact | CE OF INJURY fHo fory, street, office b | me, form, ldg., etc. | 20f. (City | ar town) | (1 | County) | (5 | tate) |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | 1111am T. ON. 22b. DATE THEREOF | , 12_1 pmc Lay | nan | eath A RY OR | accurred at 6 a.o. 100 P Hage | rofe | M, france (S) SSIO | n the causes treel, city ar town | and an t , state) | dg. Mary | stated at DATE SI 3/22 land (State) | bave |
| burlal 23. FUNERAL DIRECTOR | | | ADDRESS | ven | 12 | to DEC'E | BY REGIST | gerstown | ISTRAR'S SIG | | 1d. | _ |
| Fred W. Kr | | erst | own, Md. | | | 4.0 | | | Sikax s si | - 11 | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page

may be retained by the hospital ar attending physician.

O FUNERAL D. TOR: After this certificate has been signed by the attending physician and campletely filled in blagge 3 shaulds of detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO FUNERAL D

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

113868

CERTIFICATE OF DEATH 3855

Reg. Dist. No.

| |). PLACE OF DEATH o. COUNTY WASHINGTON | MARYLAND | o. STATE | b COUNTY | |
|---|--|---|---|--|--|
| 1 | b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If ou | D WASHINGTO Itside corporate limits, write RURAL and giv | |
| | RURAL and give nearest town) HAGERSTOWN | 2 WEEKS | X BEAVER CI | REEK RURAL | |
| | d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION | ddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| | WASHINGTON COUNTY H 3. NAME OF First | Middle | HAGERSTOW | | |
| | (Type or print) HATTIE | | ALKER | 4. DATE Month OF DEATHMARCH28 1958 | Day Year |
| | 5. SEX 6. COLOR OR RACE 7. MARRIE | | B. DATE OF BIRTH | 9. AGE IIn years IF UNDER 1 | YEAR IF UNDER 24 HRS. |
| | FEMALE COLOREDWIDOWED | | MARCH 6 1888 | lost birthdoy) Months D | oys Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | CIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stote o | or fareign country) 12. CITIZ | EN OF WHAT COUNTRY? |
| | HOUSE KEEPER O | WN HOME | 14. MOTHER'S MAIDEN NA | | U.S.A. |
| 1 | GEORGE WALKER | | | BRIGHT | |
|) | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S | OCIAL SECURITY NO. 17. I | NFORMANT | Address | |
| | (Yes, no, or unknown) (If yes, give war or dates of service) | ONE MR | S.ELSIE BOWN | ERS HAGERSTOWN MI | D.R.1 |
| | 1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 33 / X Conditions, if ony, which gove rise to immediate couse (o), stating the under- | e for (o), (b), and (c).] enershed Cenedial | Harmon | hoge | INTERVAL BETWEEN ONSET AND DEATH |
| | PART II. OTHER SIGNIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | HAL DISEASE CONDITION GIVEN IN PART 1 | (o) 19. WAS AUTOPSY PERFORMED? |
| J | CAT | | | THE RESIDENCE OF THE PARTY OF T | YES NO |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RIBE HOW INJURY OCCURRED | D. (Enter nature of injury in Pa | ort I or Part II of item 1B.) | |
| | 20c. TIME OF INJURY Month, Doy, Year 20d. IN. Hour o. m. While of work | _ Not while _ fac | ACE OF INJURY (Home, form, clory, street, office bldg., etc.) | 20f. (City or town) (Cou | unty) (Stote) |
| | 21. I certify that I attended the decease alive an Manage VI 195 | | | M, from the causes and on the DDRESS (Street, city or town, stote) | st saw the deceased date stated abave. DATE SIGNED 3-3/-58 |
| 1 | PHYSICIAN'S GW. Le Co | in | | | ma |
| | 220. BURIAL, CREMATION, REMOVAL (Specify) MARCH 31 10 | 22c. NAME OF CEMETERY O | | 22d. LOCATION (City, town, or county) BEAVER CREEK MD. | (Stote) |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | BY REGISTRAR 24b. REGISTRAR'S SIGN | |
| | Cost July Closus | Dogustry | MO . DATE ADD | 2 158 1000 | 4 |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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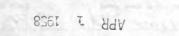
Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOT Day Year March 18. 19 58 IF UNDER I YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH 10 days months vear PERFORMED? YES NO (County) (State) ____, and that death occurred at 6:20PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 100 Professional Arts Bldg. 22d. LOCATION (City, town, or county) (Stote) Md. 24b. REGISTRAR'S SIGNATURE Hagerstown, Md. DATE

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| | 1. E | LACE OF DEATH | Washington | J (5 .) | | MARYL | AND | 2. USUAL RESIDENCE (| | ed lived. If institu b. COUNT | Υ | efore odmiss | |
| " | t | . CITY OR TOWN | (If outside corporate lin | its, write | c. LENGT | H OF STAY IN | чъ | c. CITY OR TOWN (| | orote limits, write | | | |
| | | Hagerst | own | | | days | | 03 Hage | rstown | | | | |
| 31 | | OR INSTITUTION | PITAL (If not in hospitol, N on County He | | | | | d. STREET ADDRESS | | | | | IDENCE FARM? |
| | | NAME OF DECEASED | - и | rst | | Middle | | Last | 4. DATE | | enth | | Year |
| | - (| Type or print) | MARY | | JU | LIA | | WIESECKEL | OF DEATI | | 2 | | 1958 |
| | 5. 5 | EX | 6. COLOR OR RACE | 7. MAR | RIED NE | VER MARRIED | 8 🔲 | DATE OF BIRTH | 30 E-010 | 9. AGE (In years | IF UNDER 1 YE | AR IF UNDE | R 24 H |
| | | emale | White | WIDOW | | DIVORCED | _ | October 31, | 1869 | last birthday) 88 yrs | Marths goy | s Hours | Min. |
| | 100 | during most of w | TION (Give kind of work torking life, even if retire | done 10b. | . KIND OF | BUSINESS OR | INDUST | | | | | OF WHAT | COUNT |
| 1 | 13. | Housewi | ı.e | | | | | 14. MOTHER'S MAIDEN | | nsylvania | U.S. | A . | |
| 1 | | | campa Cabra | don | | | | The mother's malber | | Schimpf | | | |
| 1 | | WAS DECEASED E | eorge Schne: | RCES? 16. | SOCIAL SE | CURITY NO. | 17. IN | FORMANT | nose | | dress | | |
| | (Yes | no, or unknown) | (If yes, give war or dates of | service} | none | | Mr | s. Edna M. | Martin | Hagers | town, Ma | ryland | 1 |
| | | | EATH [Enter only one c | ouse per li | ine for lay | (b), and (c).] | | 1.1 -11- | +. | | | NTERVAL BE | |
| | | PART I. D | EATH WAS CAUSED BY: | 0)(| BNU | ueula | w | Kelrella | un | | | 5-57 | un |
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| | NO | | THER SIGNIFICANT CON | DITIONS | CONTRIBUT | ING TO DEAT | H BUT N | OT RELATED TO THE TER | MINAL DISEA | SE CONDITION GI | YEN IN PART 1(o | 19. WAS A | AUTOPS |
| 0 | 3 | Inl | estinal c | Hist | Quel | Ton - | - / | Ironnis. | in | 10/ont | | YES [] | RMED? |
| | RTIF | OR CONTRIBUTION | WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER) | 206. DES | SCRIBE HOV | V INJURY OCC | CURRED. | (Enter nature of injury | n Port I or Po | ort fl of item 18.) | | | |
| | MEDICAL | 20c. TIME OF INJI | | While | INJURY OCC | wnite | | CE OF INJURY (Home, force), street, office bldg. | | ly or town) | (Count | (y) | (Stat |
| | × | p. m | 1. | of wor | rk at wa | ark 🔲 | | - 191 | | 10 | | | |
| | | | that Lattended the | deceas | ~ | <u>.</u> | -/5 | 2_, 19_700_ | | 14, 19 | | | |
| | | alive on | 5 27 | , 192 | 70 | and that d | leath (| occurred at 6 75 | | m the causes Street, city or town | | | |
| | | ACTUAL SIGNATURE | Tetus | t7 | 1-1600 | adle | M | o. Hag | wist | own | med | 3.3 | TE SIG |
| 1 | | PHYSICIAN'S NAME (Type) | Robert F. Ke | adle, | M. D. | | | 0 | | | | | |
| | 220. | REMOVAL (Special | ION, 226. DATE THERE | | | ME OF CEMET | | | | ATION (City, town, | | (State | e) |
| | 23_1 | Burial DIRECTO | 3/31/19 OR'S SIGNATURE | | 100 | | en C | emetery | Ha C'D BY REGIS | gerstown | Maryla | | |
| | S | uter-Rou | zer Funeral | Home | 2 | rstown | . Mo | | - | SE GOR | Le Auen | UNE | |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

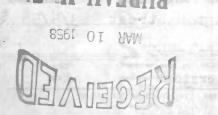
3889 CERTIFICATE OF DEATH

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| 1, PLACE OF DEATH o. COUNTY | Washington | | MARYLAND | 2. USUAL RESID | Md. | ere deceosed l | ived. If institutio b. COUNTY | nı Residence b Wash | | sion) |
|--|--|------------|------------------------------------|--|----------------|------------------------|------------------------------------|------------------------|-------------|--------------------------------------|
| RURAL and give r | (If outside corporate limits nearest town) gerstown rui | | c. LENGTH OF STAY IN 16 4 months | | agers | | te limits, write Rt | JRAL and give | nearest tow | n) |
| OR INSTITUTION | ay Nursing I | | ddress) | d. STREET A | | . Washi | ngton | | ON | SIDENCE A FARM? NO |
| 3. NAME OF DECEASED (Type or print) | First Flor | rence | Middle Lavinia | a Wilki | | 4. DATE OF DEATH | Mont 3 | h | Doy 5 | Yeor 19 58 |
| 5. SEX female | | 7. MARRII | | B. DATE OF BIRTI | | | AGE (In years last birthday) | Months Doy | | Min. |
| during most of wo | ION (Give kind of work derking life, even if retired) y dept. | | sh. Co. Hospi | | . Va. | | niry) | | S.A. | T COUNTRY |
| 13. PATHER'S NAME | unknown | | | IA. MOTHER 3 | | nknown | | | | |
| | ER IN U. S. ARMED FORCE | | OCIAL SECURITY NO. 17. | NFORMANT | | | Addre | ess | | |
| (Yes, no. or unknown) | (If yes, give wor or dates of ser | rvice | none Mr. | s. J.S. | Overh | olzer | Hagers | town, M | ld. | |
| PART I. DE | the under- | (| General a Cateriosch & Parde | | | perso | | | 2 y | D DEATH |
| PART II. O' PART II. O' PART III. O' O' O' O' O' O' O' O' O' O' | HER SIGNIFICANT COND | SITIONS CO | closal spe | NOT RELATED TO | THE TERMI | NAL DISEASE | CONDITION GIV | EN IN PART 1(c | PERF | ORMED? |
| | AS UNDERLYING DEATH Y MEDICAL EXAMINER) | 20ь. DESC | RIBE HOW INJURY OCCURRE | D. (Enter noture o | of injury in I | Port I or Port I | l of item 18.) | 369 | | 56 |
| ZOc. TIME OF INJU | 10 | While | JURY OCCURRED Not while of work | ACE OF INJURY (clory, street, office | | | or tawn) | (Cour | nty) | (State) |
| alive on | hot Lattended the | -, 12 5 | ond that death | M.D. 217 | 120 Tilne | ashin | the causes o set, city or lown, | reet | dote stol | deceosed ted above DATE SIGNED |
| 220. BURIAL, CREMATI REMOVAL ISPECIF DUTIAL | ON, 226. DATE THEREOF | F | 22c. NAME OF CEMETERY O | | | | ON (City, town, o | er county) | (Ste | |
| 23. FUNERAL DIRECTO | | | ADDRESS | | | D BY REGISTR | - 10 | TRAR'S SIGNA | TURE | THE PLAN |
| Fred W. Kr | raiss Hage | rstow | m, Md. | | DATE M | AR 1 0 '5 | 8 Cle | A- sauce | le | |

MARCHAND STATE DEPARTMENT OF HEALTH-S ALTIMORE, 18

| | OF DEATH | CERTIFICATE | | |
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may be retained by the hospital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

TO FUNERAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

| | 38 | 511 | CERTITI | CAI | LOIDE | | | | Reg. D | ist. No | . 30% | 2 | |
|---|--|----------------------------|---------------------------------|----------|--|-------------------------|------------------------|------------------------------------|-----------|----------|--------------|------------------|--|
| 1. PLACE OF DEATH o. COUNTY Was | shington | | MARYLAN | - 11 | o. STATE | ce (whe | | l lived. If instituti b. COUNTY | | | ngtor | | |
| b. CITY OR TOWN RURAL ond give | (If outside corporate lim nearest town) | its, write | c. LENGTH OF STAY IN 1 | Ь | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | | |
| William | | | several year | rs | | - 63 | stown | l | | | | | |
| OR INSTITUTION | PITAT (If not in haspital, insport Sanit | | | | 915 Ha | | on Bl | .vd. | | | | FARM? | |
| 3. NAME OF DECEASED (Type or print) | CATHER: | | Middle FRANCES | | WOLFE | | 4. DATE OF DEATH | March | nth | 30 | 7 | Year 19 58 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED |] B. O | ATE OF BIRTH | | A U | 9. AGE (In years last birthday) | - | | | R 24 HRS. | |
| Female | White | WIDOWI | DIVORCED | J | une 15, | 1867 | | 90 yrs. | Months 9 | 15" | Hours | Min. | |
| 10o. USUAL OCCUPAT | TION (Give kind of work orking life, even if retired | done 10b. | KIND OF BUSINESS OR IN | DUSTRY | 11. BIRTHPLACE | (State o | r foreign co | ountry) | 12. C | TIZEN C | F WHAT | COUNTRY | |
| Housew. | | | | | Freder | | | rland | U | S.A | • | | |
| 13. FATHER'S NAME | | | | , | 4. MOTHER'S MA | | | | | | | | |
| | amuel Keyses | | ACCIAL ASCURITY NO. IN | 7. INFO | | ry C | ather | ine Rail | | | | | |
| (Yes, no. or unknown) | (If yes, give war or dates of | service) | | | | ~ 7 | | 90 | | MA | | | |
| no | | | none | rirs | • France | S 46 | erromy e | r Funks | LOWIT | | | | |
| | EATH (Enter only one content was Caused BY: IMMEDIATE CAUSE (content of the cause (content of the cause) | (0 | whea | e: | La | le | ie. | all | te | ON | FY AND | DEATH | |
| Conditions, if | | 7 | neumon | wh | i/) le | il | ut. | | | 1 | 100 | on | |
| gove rise to couse (o), stating lying couse lost | g the under DUE TO | | | 13 | V | | | | | | | 1 | |
| PART II. O | THER SIGNIFICANT CON | IDITIONS C | CONTRIBUTING TO DEATH | BUT NO | T RELATED TO THE | ETERMIN | IAL DISEASI | CONDITION GIV | VEN IN PA | RT 1(o) | PERFO YES | AUTOPSY RMED? | |
| | VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCU | RRED. (E | inter noture of inj | ury in Po | ort I ar Part | II of item 18.) | | | | - 17 | |
| 20c. TIME OF INJU Hour o. m p. m | . 10 | 20d. It While of wor | _ Not while _ | PLACE | OF INJURY (Ham , street, office bld | ie, farm, lg., etc.) | 20f. (City | or town) | | (County) | | (State) | |
| 21. I certify | that I attended the | deceas | - | ath oc | , 19≦8, to | 32 | M. from | the causes | | | | deceose | |
| ACTUAL SIGNATURE | Deve. | Na | ah | M.D. | 4 | | | reet, city or town, | | | 10 | TE SIGNE | |
| PHYSICIAN'S NAME (Type) | TAUL | HAP | K MID. | | w | illi | rusp | DA, 1 | red |) . | | | |
| 220. BURIAL, CREMATI REMOVAL (Specif Burial | | OF B | 22c. NAME OF CEMETER Rest Haven | - | | | Y | ON (City, town, | 2.0 | aryl | (Stote | e) | |
| | i's signature a |] U | ADDRECA | | - M | a. REC'D | BY REGIST | | STRAR'S S | | | | |
| R. To all | dzer runera. | 1 Hom | Hagerstown | . Md | | Al | 'H 3 | 58 | hes | wel | | | |

8361 4 8dV col Institute and Line MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e, IS RESIDENCE ON A FARM?

YES NOT

Min.

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

YES X

(County)

PERFORMED?

DATE SIGNED

(State)

Apr. 1 58

Co

NO

(State)

1958

Days

USA

lay is after 2, and MEDICAL DEPUTY

MATRICAND STATE DEPARTMENT DESIGNITS—RALTIMORE, 18
MENICAL EXAMINER'S CERTIFICATE OF DEATH

TAGE IN SHIPPING OF

ALCOHOLOGICAL TRANSPORT OF THE PARTY OF THE



8961 4 Hay

